Department of Health & Social Care

The work-related quality of life of the adult social care workforce in England in 2025: findings from the wave 2 survey

Published 2 July 2026

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Executive summary

This report presents findings from the second wave of the adult social care (ASC) workforce survey undertaken by Ipsos in partnership with Skills for Care, University of Kent and King's College London, on behalf of the Department of Health and Social Care (DHSC). The research involved an online survey with members of the ASC workforce in England between August and October 2025 to measure their wellbeing and care work-related quality of life (CWRQoL). The first wave of this survey took place in 2023 just after the COVID-19 pandemic.

This executive summary provides an overview of the headline findings from analysis of weighted data for 3,008 survey participants. The analysis is based on:

- overall results for all wave 2 participants (the cross-sectional sample)
- changes in views and experiences since wave 1
- comparisons by important sub-groups such as job role, type of employer or service and demographic characteristics

This provides a descriptive analysis of associations and care should be taken to avoid assuming causation. Longitudinal analysis was also conducted, based on the 926 participants who took part in both waves. It is important to note that wave 1 took place as the sector was recovering from the COVID-19 pandemic and therefore constitutes an unusual benchmark for wave 2 findings.

Overall wellbeing

Participants were asked 4 questions about their overall wellbeing, taken from the UK Measures of National Wellbeing used by the Office for National Statistics (ONS). These questions cover:

- life satisfaction
- happiness
- feelings of worthwhileness
- anxiety

Findings from wave 2 indicate that the overall wellbeing of the ASC workforce in England has increased since wave 1 across 3 of the 4 measures: life satisfaction, feelings of happiness and perceptions of how worthwhile what they do in their life is.

Life satisfaction has increased, with half of the workforce (51%) now rating their life satisfaction as high or very high - a 10 percentage point increase from wave 1 (41%). Feelings of how worthwhile what they do in their life is have also improved with almost two-thirds (63%) now providing high or very high ratings when asked if the things they do in life are worthwhile, compared to 52% at wave 1.

Happiness ratings show similar positive trends, with over half (55%) reporting high or very high happiness the day before completing the survey, compared with 45% at wave 1. However, feelings of anxiety remain prevalent within the workforce with 2 in 5 (40%) rating their anxiety as high, consistent with wave 1 findings (42%).

Care work-related quality of life

Participants were asked to rate their care work-related quality of life using the ASCOT-Workforce measure. The questions included in the measure capture aspects of a person's quality of life most impacted by working in the adult social care sector and account for the specific challenges they face. The ASCOT-Workforce measure comprises 13 questions about different domains of CWRQoL:

- making a difference
- relationships with people drawing on care and support
- autonomy
- time to care

- worrying about work
- self-care
- feeling safe at work
- professional working relationships
- supported by managers
- skills and knowledge
- career pathway
- financial security
- valued by society

Using the responses to these 13 questions, an ASCOT-Workforce score was combined for each participant, with values ranging from 0 (the worst possible CWRQoL) to 39 (the best possible CWRQoL).

The CWRQoL of the ASC workforce has increased between wave 1 and wave 2. The overall ASCOT-Workforce mean score has increased from 23.30 to 25.04, with improvements observed across all 13 domains of the measure. Improvements are also observed in the longitudinal sample specifically, though these are less marked and occur in some but not all ASCOT-Workforce domains. This is partly related to the longitudinal sample having spent 2 years more in the sector by wave 2, with time in the sector being associated with more negative experiences.

Again, it is important to bear in mind that wave 1 was conducted in the aftermath of the COVID-19 pandemic, which badly affected the sector. Rather than a marked improvement in the CWRQoL of the ASC workforce, the increases observed at wave 2 may just indicate that the ASC sector has regained a sense of normality after the COVID-19 pandemic.

The most notable improvements in the cross-sectional data relate to:

- people having time to do their job within paid hours, which increased by 8 percentage points to 60%
- feeling supported in the role, which rose by 7 percentage points to 71%
- financial security, which increased by 12 percentage points to 44%

Despite the improvement, financial security remains a significant challenge for the workforce, with over half of the ASC workforce reporting that they have no or insufficient financial security (56%). Related to this, over two-thirds of the workforce (69%) find that the cost of living is too high, half (49%) report that their hourly rate of pay is too low and over a third (36%) cite a lack of sick pay.

The job roles with the highest and lowest CWRQoL remain similar to wave 1. Personal assistants (26.7) and registered managers (25.9) have the highest ASCOT-Workforce mean scores, while social workers (23.5) and nurses, nursing associates and allied health professionals (AHPs) (24.3) have the lowest mean scores, closely followed by senior care workers at 24.4. However, substantial improvements have been observed across many job roles since wave 1, with particularly notable increases among nurses and nursing associates (from 20.8 to 24.3) and social workers (from 20.7 to 23.5).

Differences are observed across most ASCOT-Workforce domains by demographic characteristics. People from Asian ethnic backgrounds, those aged under 35 and those working in home care services are more positive than average across many domains. By contrast, disabled participants and those who have unpaid caring responsibilities are more likely to report challenging experiences across many domains.

Looking at the individual domains, 9 in 10 members of the workforce (90%) report having good relationships with the people they support and a similar proportion (92%) feel they have the skills and knowledge needed to do their job well. Around three-quarters (75%) say they are able to make a difference in people's lives, 7 in 10 (71%) have freedom and independence in their role and 87% report good professional relationships with colleagues. Most of the workforce (85%) feel safe at work, representing a 5 percentage point increase from wave 1.

However, challenges remain in several areas. Just under half of the workforce (46%) say they often or constantly worry about work outside of working hours and 48% report that they are sometimes or rarely able to look after themselves at work. Over a third (35%) say they do not have adequate opportunities to develop and progress in social care, and just under half (47%) feel their role is not valued by others.

Experiences of physical violence, harassment, abuse and bullying

Physical violence, harassment, abuse and bullying are prevalent in the ASC sector. Experiencing physical violence from people cared for or supported is common, with 2 in 5 members of the workforce (41%) reporting that they have experienced this at least once in the past year, which is more than NHS staff (14% have experienced physical violence from patients or service users, their relatives and other members of the public at least once). It is important to note that aggression and violence can be symptomatic of certain health

conditions that are linked to care needs, including certain neurological conditions such as dementia.

Over half of those who have experienced physical violence in ASC have experienced it 3 times or more (22%). Physical violence also affects professional relationships - 1 in 15 members of the workforce say they have experienced physical violence from colleagues (7%) or managers (6%) at least once in the last 12 months.

Registered nurses, nursing associates and AHPs (54%), senior care workers (53%) and care workers or assistant care workers (47%) are most likely to report experiencing physical violence from the people they care for or support, with around half of them having experienced this at least once in the last 12 months, compared with 41% of the workforce overall.

Harassment, abuse and bullying from people cared for or supported is also commonly experienced, with 2 in 5 members of the ASC workforce (39%) saying they experienced this at least once in the past year, including 9% who have experienced it more than 10 times. Again, this appears to be higher than in the NHS, where a quarter of staff (25%) said they experienced harassment, bullying or abuse at work from patients or service users, their relatives or other members of the public in the last 12 months. Harassment, bullying and abuse from colleagues (23%), managers (22%), family members of the people cared for (22%) or the public (12%) are also prevalent, and more so than in the NHS.

Overall, participants who have experienced physical violence, harassment, abuse and bullying in the workplace at least once over the last 12 months report a lower CWRQoL than those who have not experienced this, and this is the case for each source of violence, harassment, abuse and bullying covered in the survey.

When physical violence, harassment, abuse and bullying are experienced, they usually get reported. Over three-quarters (77%) of those who experienced physical violence say they reported the last incident and a further 1 in 10 (12%) say a colleague reported it. In addition, those who have experienced harassment, bullying or abuse say that the last incident was reported, either by themselves (66%) or by a colleague (7%).

Longitudinal analysis shows that experiences of physical violence, harassment, abuse and bullying are somewhat persistent over time, with those reporting frequent experiences at wave 1 very likely to also do so at wave 2, which may also reflect that many are in the same role as at wave 1.

Learning and development

Overall, 7 in 10 participants (69%) say they had an appraisal, annual review or development review over the last 12 months, an 8 percentage point increase since wave 1 (61%). However, this remains lower than reported in the 2024 NHS Staff Survey (85%).

The impact of appraisals has improved since wave 1. Over 3 in 5 members of the workforce who had an appraisal or review agree that it helped them agree clear objectives for their work (61%) and left them feeling valued (62%), compared with around half at wave 1 (51% for each statement). In addition, half agree that their appraisal helped them improve how they do their job (52%, compared with 42% at wave 1).

The workforce is also more positive regarding opportunities for development. Two-thirds agree that they have opportunities to improve their knowledge and skills (66% compared with 56% at wave 1), half agree that they feel supported to develop their potential (49% compared with 39% at wave 1) and a slightly lower proportion agree there are opportunities to develop their career in their organisation (47% compared with 39% at wave 1).

Registered managers, social workers and those in care-related managerial or supervisory roles are consistently the job roles most positive about learning and development opportunities, compared with the overall workforce.

Having an appraisal or development review, and having access to learning and development opportunities, is associated with a higher CWRQoL.

Intentions to leave

Intention to leave their current role has decreased since wave 1, with a quarter of the ASC workforce who are not self-employed (25%) agreeing that they will leave their organisation as soon as they can find another job, compared with a third at wave 1 (34%). The same trend is observed across other measures, with 3 in 10 agreeing they will probably look for a new job in the next 12 months (30% compared with 38% at wave 1). The economic context, marked by rising unemployment, may have contributed to this change. Despite these improvements, intention to leave remains higher in the ASC sector than reported in the 2024 NHS Staff Survey, where 16% of NHS staff agree that they will leave their organisation as soon as they can find another job.

Intention to leave is higher among senior care workers, those employed by a care provider, those with a disability and those with an annual household income under £26,000. Participants with lower ASCOT-Workforce scores are also substantially more likely to agree that they often think about leaving.

For those considering leaving, the most common destination is a job outside of health and social care (32%), followed by a job in the NHS or healthcare (21%). Only 1 in 10 would want to move to a different social care organisation (11%), suggesting that retaining staff in the sector, not just within roles, remains a challenge.

Reasons for wanting to leave include:

- impact on health and wellbeing from stress and burnout (60%)
- income or salary being too low (54%)
- lack of recognition for the sector (44%)
- not feeling valued or supported (43%)
- lack of career opportunities (35%)

The top reasons remain similar to wave 1, but their prevalence has reduced.

Delegated activities

Questions on delegated activities were added to the survey at wave 2. In the questionnaire, delegated activities were defined as activities which may be delegated by regulated professionals (such as a nurse, occupational therapist, social worker or other clinical staff) to care and support workers. Examples of delegated activities were provided, which were:

- pressure ulcer care
- blood sugar monitoring
- physio stretches
- post operation physio recovery
- helping someone follow a mental health plan

Three in 5 members of the workforce in direct care roles (59%) say they carry out delegated activities as part of their day-to-day role, sometimes or often. Senior care workers are more likely to do so (73%), as are those who have worked in the same role for more than 10 years (68%).

Of those who deliver delegated activities sometimes or often, two-thirds (66%) say they have been shown, taught or trained in how to do so. Training is provided by a range of

professionals including nurses (39%), other healthcare professionals such as GPs, physiotherapists and podiatrists (29%), supervisors or team leaders (35%) and registered managers (23%).

Confidence in carrying out delegated activities is high, with 86% of those who carry them out agreeing they are confident in doing so and only 4% disagreeing. However, the vast majority (85%) do not receive any additional pay for delivering these activities, with only 2% reporting that their hourly rate increased when they took on delegated activities.

Employment terms and conditions

For the first time in wave 2, participants were asked which 5 job-related benefits are most important to them in their current role, from a list of 13. The benefits considered most important are:

- paid annual leave (42%)
- flexible working hours that fit into personal and family life (34%)
- paid for training time and courses (32%)
- a guaranteed number of hours every week or month (29%)
- additional pay for anti-social hours (29%)

In total, 3 in 10 participants (29%) say all the listed benefits are equally important to them.

The employment conditions and benefits that participants most frequently reported are available to them are paid annual leave (73%), employer pension contributions (61%) and pay for training time and courses (56%). There is a difference in entitlement to statutory sick pay and availability of occupational sick pay, with around half (54%) saying they are entitled to statutory sick pay in case of illness but only 1 in 5 saying they are entitled to occupational sick pay (19%) when ill.

The figure for statutory sick pay appears surprisingly low given that this is a legal entitlement for most employees. This may reflect issues related to the question wording and/or participants' awareness of their employment terms and conditions. It may also be because statutory sick pay applies to absences of more than 3 consecutive days, meaning it may be comparatively rarely claimed and therefore less well understood by the workforce.

There are differences in entitlement to employment conditions and benefits by job role and employer. Those in direct care roles typically report lower availability of some employment

conditions and benefits, including employer pension contributions, a guaranteed number of hours and paid annual leave. Participants employed by local authorities are more likely to report greater availability of most benefits compared with the workforce as a whole.

Sub-group analysis

Groups reporting lower than average ratings

Some groups of the workforce consistently report lower than average ratings on many of the topics covered in the survey. Below we have listed some of them.

Senior care workers

Senior care workers have one of the lowest ASCOT-Workforce mean scores among job roles (24.4) and are least likely to say they are able to look after themselves at work (41% compared with 52% overall). They are more likely to strongly agree that they often think about leaving their organisation (27% compared with 19% overall) and that they will leave as soon as they find another job (21% compared with 13% overall). Over half of senior care workers have experienced physical violence from the people they care for or support at least once over the last 12 months (53%).

Social workers

Social workers haves the lowest overall ASCOT-Workforce mean score (23.5) and more negative scores on many domains, including making a difference (42% say they are not able to make enough or any difference compared with 25% overall), time to care (62% do not have enough time compared with 40% overall) and feeling valued (55% do not feel valued compared with 47% overall).

Disabled members of the workforce

Disabled members of the workforce consistently report lower wellbeing than those who are not disabled across all 4 ONS measures (mean life satisfaction of 5.34 compared with 6.54, and mean anxiety of 5.59 compared with 4.13). They also report lower ASCOT-Workforce scores (22.4 compared with 25 overall), are more likely to experience physical violence (50% compared with 37%) and harassment (47% compared with 36%).

People with unpaid caring responsibilities

People with unpaid caring responsibilities consistently report lower wellbeing and care work-related quality of life, with lower life satisfaction (5.89 compared with 6.48) and higher anxiety (4.9 compared with 4.31). They are more likely than average to experience harassment, bullying or abuse from managers (29% compared with 22%), colleagues (29% compared with 23%) and people cared for or supported (43% compared with 37%).

Groups reporting higher levels of wellbeing and work-related quality of life

The following groups stand out as having higher levels of wellbeing and work-related quality of life than other groups on at least some domains:

Registered managers

Registered managers report higher life satisfaction (6.63 compared with 6.22) and the second highest ASCOT-Workforce mean score (25.9). They are more likely to feel supported (81% compared with 71% overall), have good professional relationships (93% compared with 87% overall) and feel safe at work (95% compared with 85%). Compared with the overall workforce, they are more positive about the learning and development opportunities available to them. Intention to leave is also lower than average among registered managers (59% disagree they will leave as soon as they find another job compared with 50% overall).

Personal assistants

Personal assistants have the highest ASCOT-Workforce mean score (26.7) and better scores than average on most domains including making a difference (83% compared with 75%), autonomy (90% compared with 71%), having enough time (77% compared with 60%) and feeling safe (92%). They are less likely than average to have experienced physical violence over the last 12 months (20% compared with 41%) or harassment (19% compared with 39%) and less likely to intend to leave their current job (68% disagree they will leave as soon as they find another job compared with 50% overall). However, they are less likely to have had an appraisal and are less positive about career development opportunities (52% say they do not have opportunities compared with 35% overall).

Occupational therapists

Compared with the workforce average, this group reports higher life satisfaction (6.89 compared with 6.22 on average), higher financial security (72% compared with 44%) and lower intention to leave (60% disagree they will leave as soon as they find another job compared with 50% overall). They are more likely to have had an appraisal (82% compared with 69%). However, they are more likely to report not having enough time to do their job well (52% compared with 40%).

People working in home care services

People working in home care services have a higher ASCOT-Workforce mean score (26.6) than people working in residential care (23.3) and than average (25.0). They are more positive than average across most ASCOT-Workforce domains. They are more likely to say they are able to make a difference (81% compared with 75% overall), have good relationships with people supported (94% compared with 90% overall), have freedom and independence (78% compared with 71% overall), have enough time to do their job well (73% compared with 60% overall) and feel supported in their role (80% compared with

71% overall). They are less likely to experience physical violence (29% compared with 59% in residential care).

People employed by local authorities

People employed by local authorities report higher life satisfaction (6.72 compared with 6.22), lower anxiety (3.87 compared with 4.48) and are more likely to feel safe at work (92% compared with 85%). They have greater availability of employment related benefits than average and lower intention to leave (17% compared with 25% overall). They are more likely to feel they have enough time to do their job well, feel supported and have good professional relationships than average. They also report higher happiness (6.96 compared with 6.32 overall).

Differences between sub-groups

Differences between sub-groups provide insights into how the actions required to tackle the challenges faced by the workforce will vary by job role, service or employer type and the individual characteristics of workers. Also, the characteristics of those who report higher scores and better experiences (for example, registered managers) might provide insight into how their conditions could be extended to other groups within the same service type (for example senior care workers).

Longitudinal analysis

The longitudinal sample comprises 926 participants (hereafter ‘n=926’) who took part in both wave 1 and wave 2 of the survey, representing 31% of the total wave 2 cross-sectional sample. In addition, a small number of wave 1 participants started the wave 2 survey but were screened out because they were no longer eligible (for example, because they were now working outside the ASC sector or had retired).

The longitudinal sample (n=926) has a different profile to the cross-sectional sample - it includes a larger proportion of people who have been working in their current role for 5 to 10 years (24% compared with 20% for the cross-sectional sample) or more than 10 years (39% compared with 32%). It also has a higher proportion of people who are disabled (28% compared with 24%) and from a White ethnic background (75% compared with 65%). These characteristics may account for some of the differences in the trends observed for the longitudinal sample and the cross-sectional sample. Note that weighting has been applied to account for some, but not all of these differences. More information about the weighting applied to the cross-sectional and longitudinal sample can be found in the technical report.

Analysis of the longitudinal sample provides some insights into how workforce experiences have evolved over time and the factors associated with retention.

Wellbeing

Improvements are observed across life satisfaction, happiness and anxiety levels between wave 1 and wave 2 within the longitudinal sample. Overall wellbeing appears linked to workforce retention with those with high life satisfaction at wave 1 more likely to remain in the same role at wave 2 (71%) than those with medium (59%) or low (60%) life satisfaction. Conversely, those with low or medium life satisfaction at wave 1 are more likely to have left the sector entirely by wave 2 (9% and 6% respectively have left) compared with those reporting high life satisfaction (2%).

Care work-related quality of life

The mean ASCOT-Workforce score for the longitudinal sample has increased slightly between the 2 waves with improvements observed in 4 domains (relationship with people supported, competency, career pathway and financial security). Longitudinal participants with a high or very high ASCOT-Workforce score at wave 1 (30 to 39) are more likely than those with a low score (0 to 19) to have stayed in the same role with the same employer or organisation at wave 2 (74% compared with 56%), highlighting the importance of CWRQol for workforce retention.

Violence, harassment and bullying

Experiences of physical violence, harassment, abuse and bullying appear somewhat persistent over time, with those reporting frequent experiences at wave 1 very likely to also report them at wave 2. Among those who experienced or witnessed physical violence from people they cared for more than 10 times at wave 1, 85% report experiencing it at least once at wave 2 and 29% report experiencing it more than 10 times again.

This also reflects the variation in prevalence of incidents by job role and setting, with most people in the longitudinal sample continuing to work in the same job or type of job role as at wave 1. Furthermore, such experiences at wave 1 are associated with a higher likelihood of leaving the sector entirely by wave 2, with those who had experienced or witnessed physical violence at wave 1 more likely to have left the sector at wave 2 than those who had not experienced or witnessed violence (7% versus 3%).

Learning and development

Views on learning and development have marginally improved among longitudinal participants, with fewer of them disagreeing that they do not have learning and development opportunities. Having opportunities to develop knowledge, skills or career is associated with improved retention. Four in 5 (82%) of those who agreed at wave 1 that they had opportunities to develop their career within their organisation are still working for the same employer at wave 2, compared with 69% of those who disagreed. Those who disagreed at wave 1 that they had opportunities to improve their knowledge and skills are

more likely to have moved to a job outside adult social care by wave 2 (9% compared with 3% for those who agreed).

Intention to leave

Views on intention to leave have remained stable since wave 1 for the longitudinal sample. Over half of those who agreed at wave 1 that they would leave their organisation as soon as they could find another job, remain in the same role, service and organisation at wave 2 (56%). Those with career development opportunities or high ASCOT-Workforce scores at wave 1 are more likely to have stayed. Among those scoring 30 to 39 on the ASCOT-Workforce measure at wave 1, 74% remain in the same role for the same employer, compared with just 56% of those scoring 0 to 19. This also shows that even among members of the workforce with high or very high CWRQoL, there is still a fair amount of turnover (26% across 2 years).

1. Aims and methodology

Aims of the project

In 2023, the Department of Health and Social Care (DHSC) commissioned Ipsos in partnership with Skills for Care and the University of Kent to design, develop and conduct 2 waves of a survey of the adult social care (ASC) workforce in England, and measure their wellbeing and work-related quality of life (WRQoL). This report provides the findings of the second wave of the survey.

Wave 1 took place in 2023 and the findings were published at Adult social care (ASC) workforce and work-related quality of life. It explored and tested possible measures of work-related quality of life, and measured working conditions, learning and development, working relationships, experience of violence and bullying, and intention to leave. The wave 1 findings informed the government's policy development to support the ASC workforce with regard to training, recognition and career progression within the sector.

The wave 2 survey took place in 2025. The aim was to measure if and how the wellbeing and work-related quality of life of the ASC workforce had changed between 2023 and 2025 and collect additional data to support policy development on employment terms and conditions, and delegated activities. Wave 2 was conducted by the same 3 organisations that conducted wave 1, plus King's College London.

This chapter provides a summary of the methodology for wave 2 of the survey. Full details are available in the technical report.

Overview of the methodology

The wave 2 survey used a methodology very similar to wave 1, with Ipsos, Skills for Care, University of Kent and King's College London working in close collaboration throughout.

This included:

- an inception meeting with DHSC
- 2 meetings with the expert reference group (ERG). See below for more details of the composition of this group
- updates to the questionnaire content
- an online survey of the ASC workforce in England, hosted by Ipsos. Wave 1 participants who gave permission for recontact for further research were sent an email invite with a unique link (they formed the longitudinal sample). Additional participants were recruited by Skills for Care, who disseminated an open survey link through its networks and partner organisations including through the ERG. Participants who completed the survey through the open link formed the fresh sample
- coding, data processing and weighting of the data collected
- cross-sectional and longitudinal analysis of the data collected

Expert reference group (ERG)

As at wave 1, the project received input from a group of senior stakeholders. Organisations involved in the ERG at wave 1 were invited to join the ERG for wave 2, and new members were recruited. The wave 2 ERG comprised members with a wide range of views and expertise, including:

- charity and third-sector organisations working in ASC
- professional and regulatory bodies for the workforce
- ASC workforce policy experts
- academics with specialist knowledge of the ASC workforce
- representatives of local government
- trade unions

- organisations representing care providers

The ERG met twice, and members made a significant contribution to the project, by providing:

- input into updates made to the content of the questionnaire
- advice on methods for disseminating the survey to the target audience and support with dissemination efforts, to help achieve the targeted number of responses and the quotas
- contribution to the analysis and interpretation of the findings

Questionnaire content

Changes to the questionnaire were made between wave 1 and wave 2, influenced by the learnings from wave 1. These included:

- making amendments to tighten and clarify the eligibility criteria for the survey, to ensure only the views of people working in care-related or care-providing roles for adults are captured in the survey. This included changes to the question asking about job role and services. New codes were also created based on the 'other please specify' responses provided at wave 1 (for example, to exclude people working in children's social care exclusively). People who did not meet the eligibility criteria were screened out
- adding questions for the longitudinal sample specifically, which took into account the responses they provided at wave 1. For example, the questionnaire asked longitudinal participants if they were working in the same job and with the same organisation or employer as wave 1, and information on job role and employer were only collected from those who reported a change
- removing questions which formed the Van Laar measure of WRQoL. At wave 1 both Van Laar and ASCOT-Workforce measures were included, and it was decided to use ASCOT-Workforce as the measure of WRQoL for this survey going forward. The rationale for this is explained at the end of the wave 1 report
- asking only about personal experiences of violence, harassment, and/or bullying in the workplace, and not including witnessing such incidents (at wave 1 these had been combined). This was done to allow comparisons with the NHS Staff Survey
- adding new questions about delegated healthcare activities, and employment terms and conditions

- removing questions about country or countries of citizenship if not UK, as this was not needed for the analysis

ASCOT-Workforce

ASCOT-Workforce is a measure of CWRQoL. It consists of 13 domains asked as 13 separate questions. This measure captures aspects of a person's quality of life most impacted by working in ASC and takes into account the specific challenges of working in the sector. Each question includes 4 answer categories with statements that reflect 4 levels of need which can be coded and combined into one overall measure with values from 0 (worst) to 39 (best).

- statement 1 (ideal) equals 3
- statement 2 (no needs) equals 2
- statement 3 (some needs) equals 1
- statement 4 (high level needs) equals 0

The 13 ASCOT domains are:

- making a difference
- relationships with people drawing on care and support
- autonomy
- time to care
- worrying about work
- self-care
- feeling safe at work
- professional working relationships
- supported by managers
- skills and knowledge
- career pathway

- financial security
- valued by society

For analysis purposes, the total ASCOT-Workforce score, ranging from 0 to 39, has been divided into bands as follows:

- 0 to 9
- 10 to 19
- 20 to 29
- 30 to 39

Due to the small base sizes (number of participants), the bands 0 to 9 and 10 to 19 have been combined into 0 to 19 when looking at differences between bands. Additional analysis was conducted by comparing the ASCOT-Workforce mean score of different groups of participants, either based on characteristics (for example job roles) or based on the views or experiences they reported. For example, comparing the ASCOT-Workforce mean score of those who have had an appraisal or development review over the last 12 months with the mean score of those who have not, showed how the 2 variables were linked.

The ASCOT-Workforce questionnaire and further information about this measure of CWRQoL are available online. The ASCOT-Workforce questionnaire was developed by the University of Kent, UK. The University of Kent is the sole owner of the copyright in these materials.

Survey sample and recruitment

Eligibility criteria

Only people working in a care-related or care providing role in the adult social care sector were eligible for the survey. Eligibility was checked at the start of the survey (including for the longitudinal sample), and those who were ineligible were screened out.

Communication and survey dissemination strategy - sector engagement

Participants who were part of the longitudinal sample were contacted through the email address they provided at the end of the wave 1 survey, when they agreed to be re-contacted.

The fresh sample was contacted through various dissemination channels and networks. The dissemination approach was led and managed by Skills for Care and is explained in the technical report.

Fieldwork

Fieldwork had a staggered start according to sample type (longitudinal or fresh sample). The fieldwork for the longitudinal sample started first, for 2 reasons:

- to reduce the risk of them completing the survey through the open link instead of their own individual survey link, which would have affected the longitudinal analysis
- to help with the monitoring of quotas for the total wave 2 sample. While all eligible responses from the longitudinal sample were accepted, quotas were set for the total achieved sample, and responses received from the longitudinal sample affected the targeted composition of the fresh sample

For the longitudinal sample, fieldwork was launched on 14 August 2025 and closed on 10 October 2025 (8 weeks). Fieldwork was opened to all members of the ASC workforce (to allow for recruitment of a fresh sample) from 26 August 2025 and was closed on 10 October 2025 (6 weeks) when the targeted number of responses was reached.

The quotas set for the fieldwork were aligned with those set at wave 1. They boosted some groups of the workforce, for example, regulated professions and registered managers, to meet analysis needs (allowing for a minimum unweighted sample size in important sub-groups).

All eligible survey responses are included in the results (3,008). This includes 926 responses from the longitudinal sample, and 2,082 responses from the fresh sample (after data cleaning). An additional 115 participants from the longitudinal sample completed the first few survey questions to inform us that they were no longer working in ASC (44), were not currently in work (28), or had retired (43).

Longitudinal sample outcome

Table 1.1 below shows the outcomes achieved for the longitudinal sample, that is, the number of invites sent, screened out, and responses obtained. The star sign * indicates any value of less than 0.5% but greater than 0%.

Table 1.1: longitudinal sample outcome

Longitudinal sample outcome	Number (unweighted)	% (out of the number of invites sent out)
Email invites sent	3,096	100%
Opt outs during fieldwork	1	*
Non response	2,022	65%
Number of longitudinal participants screened out at wave 2 (no longer eligible)	147	5%
Number of longitudinal participants who were eligible and completed the wave 2 survey	926	30%

Data analysis

The final data was checked as part of quality control processes. Seventeen cases were removed from the final data as their responses to 'other please specify' codes showed they did not meet the eligibility criteria. This resulted in a data set for analysis of 3,008 participants for wave 2.

The final wave 2 data (3,008) were weighted using profiling data from Skills for Care's adult social care Workforce Dataset (ASC-WDS), which provides the best available benchmark for the composition of the ASC workforce. This ensures that the wave 2 results are representative of the ASC workforce covered by ASC-WDS, rather than just the achieved sample. More details about the weighting can be found in the technical report.

For the longitudinal analysis, the longitudinal sample was weighted to the profile of the total wave 1 weighted sample, using the information longitudinal participants provided at wave 1. This ensured longitudinal comparisons reflected changes in the views, experiences and attitudes of the longitudinal sample, rather than changes in the sample profile. The weights were first applied to all those who answered the survey in full as well as those who were found to be ineligible (n=1,073), to analyse the first few questions of the survey on employment changes since wave 1 and the destination of those who had left the ASC sector. A second set of longitudinal tables was also prepared, with the weights applied only to those eligible for the full survey (n=926), which was used for the analysis of the remaining questions.

Note that in the analysis the longitudinal sample cases are also included within the cross-sectional sample analysis. The longitudinal sample is a subset of the overall cross-sectional sample (926 of the 3,008 cross-sectional sample cases).

Summary sample profile

Tables 1.2 to 1.11 show the unweighted and weighted profile of the cross-sectional wave 2 sample and compare it with the wave 1 weighted profile. It shows that the waves 1 and 2 weighted samples' profiles are broadly aligned, with the exception of the ethnicity composition and the domiciliary service type. This reflects an increase in the proportion of people from ethnic minorities in the ASC workforce between the 2 waves, and an increase in the proportion of people working in domiciliary care, which were reflected in the weighting approach for wave 2. The wave 1 weighted sample profile is shown as context for the comparisons made between wave 1 and wave 2 throughout the report.

Table 1.2: job role - unweighted and weighted wave 2 cross-sectional sample profile and wave 1 weighted sample profile (weighted using cross-sectional survey weights)

Job role	Wave 2 profile unweighted	Wave 2 profile weighted	Wave 1 profile weighted
Direct care and others where main job involves providing care and support	46%	75%	76%
Managerial or supervisory but not registered manager, other or multiple roles	15%	19%	18%
Registered manager	17%	2%	2%
Social worker	12%	2%	1%
Occupational therapist	7%	1%	1%
Registered nurse, nursing associate, allied health professional	3%	1%	2%
Base	3,008	3,008	7,233

Table 1.3: service type - unweighted and weighted wave 2 cross-sectional sample profile and wave 1 weighted sample profile (weighted using cross-sectional survey weights)

Service type	Wave 2 profile unweighted	Wave 2 profile weighted	Wave 1 profile weighted
Residential nursing home	10%	17%	17%
Residential care home (not nursing)	13%	19%	18%
Day service	2%	2%	2%
Domiciliary (homecare, live in care, supported living, extra care housing, personal assistants)	40%	47%	42%
Community (support and outreach, local authority services, reablement, short-break or respite)	29%	12%	15%
Other or multiple adult social care services for example shared lives	6%	4%	6%
Base	3,008	3,008	7,233

Table 1.4: employer - unweighted and weighted wave 2 cross-sectional sample profile and wave 1 weighted sample profile (weighted using cross-sectional survey weights)

Employer	Wave 2 profile unweighted	Wave 2 profile weighted	Wave 1 profile weighted
Local authority, NHS or other	32%	14%	14%
Independent	63%	78%	79%
Direct payments (individual employer)	3%	7%	8%
Base	3,008	3,008	7,233

Table 1.5: age - unweighted and weighted wave 2 cross-sectional sample profile and wave 1 weighted sample profile (weighted using cross-sectional survey weights)

Age	Wave 2 profile unweighted	Wave 2 profile weighted	Wave 1 profile weighted
Under 35	13%	27%	28%
35 to 54	45%	45%	43%
55 and over, and prefer not to say	42%	29%	29%
Base	3,008	3,008	7,233

Table 1.6: gender - unweighted and weighted wave 2 cross-sectional sample profile and wave 1 weighted sample profile (weighted using cross-sectional survey weights)

Gender	Wave 2 profile unweighted	Wave 2 profile weighted	Wave 1 profile weighted
Female	83%	78%	80%
Male	15%	21%	18%
None of these	1%	1%	2%
Base	3,008	3,008	7,233

Table 1.7: ethnicity - unweighted and weighted wave 2 cross-sectional sample profile and wave 1 weighted sample profile (weighted using cross-sectional survey weights)

Ethnicity	Wave 2 profile unweighted	Wave 2 profile weighted	Wave 1 profile weighted
White	77%	65%	73%
Black, Asian, Minority Ethnic and prefer not to say	23%	35%	27%
Base	3,008	3,008	7,233

Table 1.8: region - unweighted and weighted wave 2 cross-sectional sample profile and wave 1 weighted sample profile (weighted using cross-sectional survey weights)

Region	Wave 2 profile unweighted	Wave 2 profile weighted	Wave 1 profile weighted
Eastern	6%	10%	11%
East Midlands	9%	10%	9%
Greater London	9%	13%	14%
North East	7%	6%	5%
North West	13%	15%	14%
South East	22%	16%	16%
South West	14%	11%	11%
West Midlands	7%	10%	11%
Yorkshire and the Humber	12%	10%	10%
Base	3,008	3,008	7,233

Table 1.9: length of time in role - unweighted and weighted wave 2 cross-sectional sample profile and wave 1 weighted sample profile (weighted using cross-sectional survey weights)

Length of time in role	Wave 2 profile unweighted	Wave 2 profile weighted	Wave 1 profile weighted
Up to 12 months	7%	9%	15%
One year up to 5 years	28%	38%	29%
5 years up to 10 years	21%	20%	22%
More than 10 years	43%	32%	33%
Base	3,008	3,008	7,233

Table 1.10: disability - unweighted and weighted wave 2 cross-sectional sample profile and wave 1 weighted sample profile (weighted using cross-sectional survey weights)

Disability status	Wave 2 profile unweighted	Wave 2 profile weighted	Wave 1 profile weighted
Disabled	24%	24%	24%
Base	3,008	3,008	7,233

Table 1.11: unpaid carer responsibilities - unweighted and weighted wave 2 cross-sectional sample profile and wave 1 weighted sample profile (weighted using cross-sectional survey weights)

Unpaid carer responsibilities	Wave 2 profile unweighted	Wave 2 profile weighted	Wave 1 profile weighted
Yes	37%	32%	34%
Base	3,008	3,008	7,233

Tables 1.12 to 1.21 below show the weighted and unweighted profile of the longitudinal sample. Compared with the cross-sectional wave 2 weighted sample (whose profile is in table 1.2 above), the weighted longitudinal sample has an older age profile and primarily includes people who have been working in their role for 5 years or more. It also includes a smaller proportion of people from ethnic minority backgrounds and a higher proportion of disabled people.

Table 1.12: job role - unweighted and weighted wave 2 longitudinal sample profile (weighted using longitudinal survey weights)

Job role	Wave 2 longitudinal profile unweighted	Wave 2 longitudinal profile weighted
Direct care and others where main job involves providing care and support	54%	75%
Managerial or supervisory but not registered manager, other or multiple roles	17%	18%
Registered manager	12%	2%
Social worker	10%	2%

Job role	Wave 2 longitudinal profile unweighted	Wave 2 longitudinal profile weighted
Occupational therapist	5%	2%
Registered nurse, nursing associate, allied health professional	2%	2%
Base	926	926

Table 1.13: service type - unweighted and weighted wave 2 longitudinal sample profile (weighted using longitudinal survey weights)

Service type	Wave 2 longitudinal profile unweighted	Wave 2 longitudinal profile weighted
Residential nursing home	9%	15%
Residential care home (not nursing)	12%	18%
Day service	3%	2%
Domiciliary (homecare, live in care, supported living, extra care housing, personal assistants)	41%	44%
Community (support and outreach, local authority services, reablement)	29%	16%
Other or multiple adult social care services	7%	5%
Base	926	926

Table 1.14: employer - unweighted and weighted wave 2 longitudinal sample profile (weighted using longitudinal survey weights)

Type of employer	Wave 2 longitudinal profile unweighted	Wave 2 longitudinal profile weighted
Local authority, NHS and other	32%	15%
Independent	65%	78%
Direct payments (individual employer)	3%	7%

Type of employer	Wave 2 longitudinal profile unweighted	Wave 2 longitudinal profile weighted
Base	926	926

Table 1.15: age - unweighted and weighted wave 2 longitudinal sample profile (weighted using longitudinal survey weights)

Age	Wave 2 longitudinal profile unweighted	Wave 2 longitudinal profile weighted
Under 35	7%	22%
35 to 54	41%	46%
55 and over, and prefer not to say	52%	33%
Base	926	926

Table 1.16: gender - unweighted and weighted wave 2 longitudinal sample profile (weighted using longitudinal survey weights)

Gender	Wave 2 longitudinal profile unweighted	Wave 2 longitudinal profile weighted
Female	83%	79%
Male	16%	20%
None of these	1%	1%
Base	926	926

Table 1.17: ethnicity - unweighted and weighted wave 2 longitudinal sample profile (weighted using longitudinal survey weights)

Ethnicity	Wave 2 longitudinal profile unweighted	Wave 2 longitudinal profile weighted
White	85%	75%
Black, Asian, Minority Ethnic and prefer not to say	15%	25%
Base	926	926

Table 1.18: region - unweighted and weighted wave 2 longitudinal sample profile (weighted using longitudinal survey weights)

Region	Wave 2 longitudinal profile unweighted	Wave 2 longitudinal profile weighted
Eastern	6%	11%
East Midlands	10%	9%
Greater London	6%	10%
North East	8%	6%
North West	12%	14%
South East	21%	17%
South West	16%	11%
West Midlands	9%	11%
Yorkshire and the Humber	12%	10%
Base	926	926

Table 1.19: length of time in role - unweighted and weighted wave 2 longitudinal sample profile (weighted using longitudinal survey weights)

Length of time in role	Wave 2 longitudinal profile unweighted	Wave 2 longitudinal profile weighted
Up to 12 months	4%	5%
One year up to 5 years	23%	31%
5 years up to 10 years	25%	24%
More than 10 years	49%	39%
Base	926	926

Table 1.20: disability - unweighted and weighted wave 2 longitudinal sample profile (weighted using longitudinal survey weights)

Disability status	Wave 2 longitudinal profile unweighted	Wave 2 longitudinal profile weighted
Disabled	28%	28%
Base	926	926

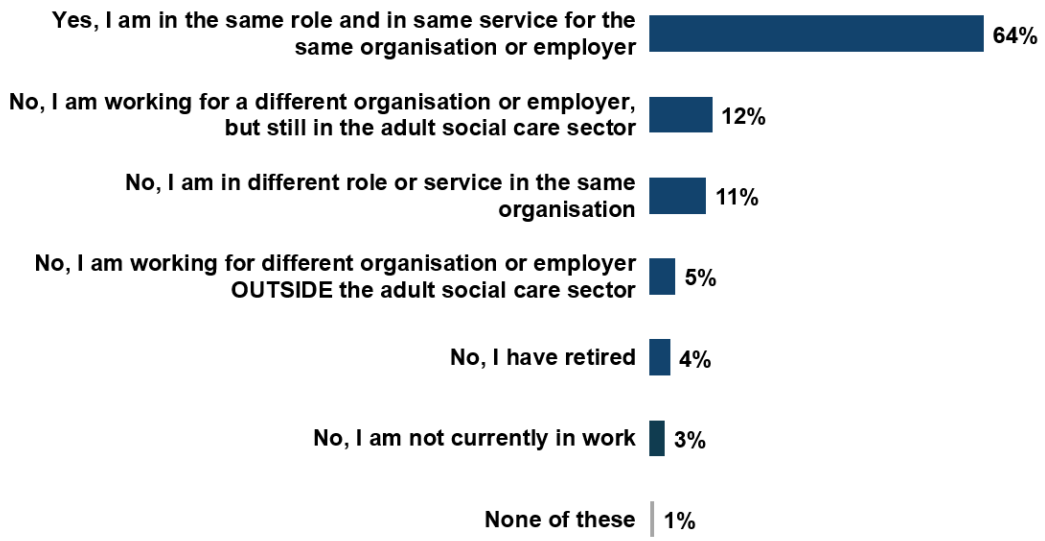
Table 1.21: unpaid carer responsibilities - unweighted and weighted wave 2 longitudinal sample profile (weighted using longitudinal survey weights)

Unpaid carer responsibilities	Wave 2 longitudinal profile unweighted	Wave 2 longitudinal profile weighted
Yes	40%	33%
Base	926	926

The longitudinal sample: job changes since wave 1

As shown in figure 1.1, of the 1,073 longitudinal participants who answered the first question of the survey which asked about their employment situation, just under two-thirds are still in the same role and service, working for the same organisation or employer as they were at wave 1 (64%). One in 10 have changed role or service but are still in the same organisation as wave 1 (11%), and 1 in 8 are working for a different organisation or employer, but still in the ASC sector (12%). One in 20 are working outside the ASC sector (5%) and a smaller proportion are not currently in work (3%) or have retired (4%).

Figure 1.1: changes in the longitudinal participants' employment situation between wave 1 and wave 2 (QLONGI_JOB: Last time you completed the survey, you told us you were working as a ... Are you still working in the same job as you were in 2023?)



Base: all longitudinal participants (n=1,073)

Within the longitudinal sample, some differences can be observed by age group: 18% of those aged 25 to 34 at wave 1 have changed role within their organisation between the 2 waves (compared with 11% on average), and 70% of those aged 55 to 64 have stayed in

the same job (compared with 64% on average). Note that this analysis uses the age groups provided at wave 1 as age groups were not collected from members of the longitudinal sample screened out after this question at wave 2.

The longitudinal sample: role changes since wave 1

Most participants from the longitudinal sample who are still working in ASC have stayed in the same job role. Table 1.22 shows, for each job role, the proportion of longitudinal participants still working in the sector who are still in the same role at wave 2. The role with the highest rate of change appears to be senior care workers: only 74% of those who said at wave 1 that they were senior care workers are still working in this role at wave 2. Others have taken up a different role, which might have involved a promotion or career progression. Note the fairly small base sizes of some of the job roles.

Table 1.22: proportion of longitudinal participants who have stayed in the same role between wave 1 and wave 2, split by job role

Job role at wave 1	Base size for each job role	% of people still in the same role at wave 2
Care worker	231	92%
Senior care worker	72	74%
Support and outreach worker	174	88%
Personal assistant	33	91%
Social worker	79	92%
Occupational therapist	44	100%
Registered nurse or nursing associate	13	87%
Registered manager	105	87%

Interpretation of the findings

The report provides wave 2 findings based on the cross-sectional sample (the longitudinal and fresh samples combined and weighted together). Where appropriate, it also makes comparisons with wave 1 findings. For some questions, the report also provides findings from the longitudinal analysis based on the 926 participants that took part in both waves, and these findings are clearly indicated as longitudinal.

It is important to note that wave 1 was conducted in 2023, in the aftermath of the COVID-19 pandemic. Comparisons between waves 1 and 2 need to be considered in this context, with wave 1 data measuring the wellbeing of the ASC workforce during an unusual time. While wave 1 data are the only benchmark available for most of the questions in the survey, the timings of the first wave mean wave 1 data do not provide a typical benchmark for wave 2 findings.

The report comments on differences in the data between different sub-groups within the total wave 2 sample surveyed, for example, differences in views between registered managers, care workers and social workers. Only differences which are large enough to be statistically significant at the 95% confidence interval are commented on in this report. In addition to being statistically significant, only sub-group differences which are interesting and relevant to the question being analysed are commented.

For the sub-group analysis, some categories have been combined because they have a small base size. For example, for differences by type of services, the following services have been combined: homecare, supported living, live-in care, or extra care housing services. Community services include support and outreach, local authority services, and reablement.

It should be noted that the report contains only descriptive overall and bivariate analysis by individual characteristics such as job role, type of employer, age group, ethnicity and so on, which may be related. Multivariate analysis is beyond the scope of this report. This report provides an overview of the main relationships without controlling for other characteristics and care should be taken to avoid assuming causation. The data from this survey provides rich potential for future multivariate analysis to explore the factors affecting CWRQoL in more depth and how different factors may interact.

Survey participants were permitted to give a ‘don’t know’ or ‘prefer not to say’ answer to most of the questions. In line with the other ASCOT measures, 'don’t know' and 'prefer not to say' were not offered for the ASCOT-Workforce questions. On questions about experiences of physical violence, harassment and bullying where ‘don’t know’ or ‘prefer not to say’ were offered, these responses were excluded from the analysis, to allow comparisons with NHS Staff Survey data. For other questions these responses are referred to in the report where they form a substantial proportion of participants or are meaningful as responses.

Where percentages do not sum to 100, this is due to computer rounding, the exclusion of ‘don’t know’ or ‘prefer not to say’ categories, or participants being able to give multiple answers to the same question. Throughout the report an asterisk (*) denotes any value of less than 0.5% but greater than 0%. In report tables the sign ^ means that a difference between 2 figures is statistically significant (at the 95% level). In all charts and tables, unweighted base sizes are provided.

A note on terminology

Individual employers are people drawing on care and support (or their family member), who employ people to care for or support them, often but not always funded by a direct payment. Most, but not all, participants who said in the survey that they are employed by an individual employer are personal assistants.

Participants were asked if they are an unpaid carer outside what they do as part of their paid employment. This does not relate to any unpaid overtime work that they may do, but to any unpaid help and support they may give to a family member or friend because of a long-term physical or mental health condition or illnesses, or problems related to old age. This information was used for sub-group analysis. In this report, members of the ASC workforce who are unpaid carer or family carer are described as 'people who have unpaid caring responsibilities'.

Acknowledgements

Ipsos, Skills for Care, University of Kent and King's College London would like to thank all those in the ASC workforce who participated in the wave 2 survey. ERG members have given valuable input by sharing their views with us, helping to shape and guide the research, and disseminating the survey link through their networks and contacts. They include:

- Local Government Association (LGA)
- National Care Forum (NCF)
- Care England
- British Association of Social Workers (BASW)
- UK Homecare Association
- Partners in Care and Health (PCH)
- Registered Nursing Home Association (RNHA)
- Think Local Act Personal (TLAP)
- Methodist Homes (MHA)
- Registered Managers Networks
- Manchester Metropolitan University

- Community Catalysts
- The Care Workers Charity
- Unison
- Care Association Alliance

Finally, we would also like to thank DHSC colleagues for their help and guidance throughout the research.

2. Overall wellbeing

This chapter explores the overall wellbeing of the ASC workforce, using measures of life satisfaction, feelings of happiness and anxiety, and how worthwhile participants feel the things they do in life are. Comparisons to wave 1 (2023) findings have been included to understand how workforce wellbeing has changed between 2023 and 2025. Comparisons with ONS data, and longitudinal analysis are provided at the end of the chapter.

The questions were taken from the UK Measures of National Wellbeing provided by ONS. These are harmonised standards for measuring personal wellbeing, which are used in many surveys across the UK. It is worth noting that questions on personal wellbeing were asked after the questions on work-related quality of life (ASCOT-Workforce), and the answer codes chosen by participants may have been influenced by these earlier questions.

Summary findings

The overall wellbeing of the ASC workforce in England appears to have improved since wave 1 across life satisfaction, feelings of happiness and how worthwhile participants feel the things they do in life are.

One in 5 members of the ASC workforce (19%) rate their life satisfaction as low (score of 4 or below) and half (51%) rate it as high or very high - a 10-point increase on wave 1 (41%).

Almost two-thirds of the ASC workforce (63%) provide a high or very high rating when asked if they feel the things they do in their life are worthwhile - which is higher than at wave 1 (52%).

Anxiety is common within the ASC workforce, with 2 in 5 people (40%) rating their anxiety as high when asked to consider how anxious they felt the day before the survey. Feelings

of anxiety remain in line with findings from wave 1, with similar proportions (42%) reporting high levels of anxiety at wave 1.

Some of the improvements in overall wellbeing are also observed when looking at trends within the longitudinal sample specifically. Their levels of anxiety have reduced between the 2 waves, while their feelings of happiness the day before completing the survey have increased.

Despite the improvements noted above, the overall wellbeing of men and women aged 18 to 64 working in ASC in England remains lower than the overall wellbeing of men and women aged 18 to 64 in England, measured by ONS.

Groups of the ASC workforce who are more likely to report high wellbeing include those employed by local authorities or working in community services. Overall wellbeing is also related to age, number of contracted hours, and household income. People aged over 55, those who work 1 to 20 hours per week, and those who live in household with an income of £52,000 or more consistently report higher wellbeing. These groups were also most likely to report higher wellbeing at wave 1.

Wellbeing and work-related quality of life appear to be closely linked, with mean score for wellbeing measures increasing with the ASCOT-Workforce score.

Members of the workforce who are disabled or have unpaid caring responsibilities consistently report lower wellbeing than those who are not disabled or do not have unpaid caring responsibilities.

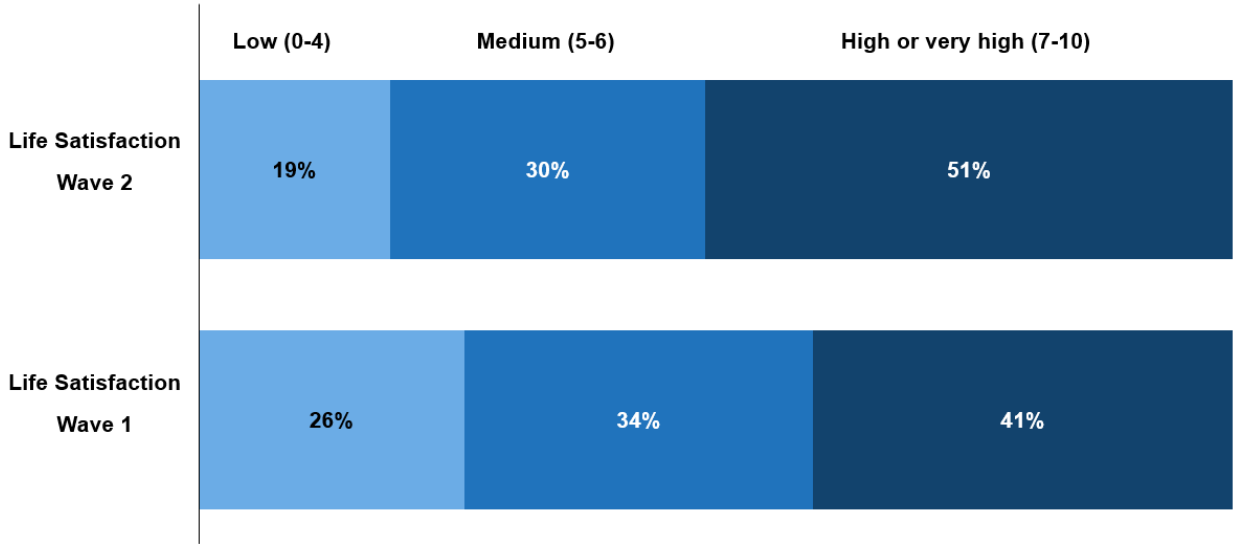
Satisfaction with life

Participants were asked to rate their satisfaction with their life nowadays on a scale of 0 to 10, with 0 representing not at all satisfied and 10 completely satisfied.

Based on the response from each participant a mean score was calculated. Across participants the mean score for satisfaction with life is 6.22. One in 5 (19%) of the ASC workforce rate their life satisfaction as low (score of 4 or below) and half (51%) rate it as high or very high (scores of 7 or above).

As shown in figure 2.1, between wave 1 and wave 2, life satisfaction among the ASC workforce increased: the proportion reporting low life satisfaction fell from 26% to 19%, while the proportion reporting high or very high life satisfaction increased from 41% to 51%. This is reflected by an increase in the mean life satisfaction score, from 5.74 at wave 1 to 6.22 at wave 2.

Figure 2.1: overall life satisfaction, on a scale of 0 to 10, where 0 is 'not at all' satisfied and 10 is 'completely' satisfied (QLIFE_SAT_W2: Overall, how satisfied are you with your life nowadays?)



Base: all participants working in ASC in England. Wave 1: (n=7,233). Wave 2: (n=3,008).

Notable sub-group differences can be observed relating to job role, job setting, type of employer, household income and age.

Looking at job roles, registered managers (mean score of 6.63) and occupational therapists (6.89) report a higher mean score for life satisfaction than the ASC workforce average (6.22).

Life satisfaction is also higher among participants working in community services (6.61) and day care (6.79) compared with those working in residential care homes (5.95) or those working in homecare, supported living, live-in care, or extra care housing services (6.12). Related to this, participants employed by a local authority report higher life satisfaction (mean score of 6.72) than average (6.22). These differences by type of service and employer were also observed in wave 1.

People contracted to work 1 to 20 hours have the highest mean score for life satisfaction (6.76) when compared with those contracted to work 21 to 35 hours (6.2) and those contracted to work 36 hours or more per week (6.12), and the workforce average (6.22). No significant difference in life satisfaction can be observed between those working on a zero-hour contract and those who are not.

The mean score for life satisfaction is positively associated with the ASCOT-Workforce score: it is 4.5 for those with an ASCOT-Workforce score of 0 to 19, 6.22 for those with ASCOT-Workforce score of 20 to 29, and 7.61 for those with an ASCOT-Workforce score of 30 to 39.

Demographic differences are also observed:

- household income: life satisfaction among those reporting a household income of up to £25,999 (5.77) is lower compared with those with a higher household income (6.38 for a household income of £26,000 to £51,999, 6.77 for £52,000 to £99,999 and 6.67 for those with a household income of £100,000 or above)

- age: life satisfaction is higher among people aged 55 and over (6.48), compared with younger members of the workforce (6.08 for people aged under 35, 6.14 for those aged 35 to 54). This is consistent with findings from wave 1

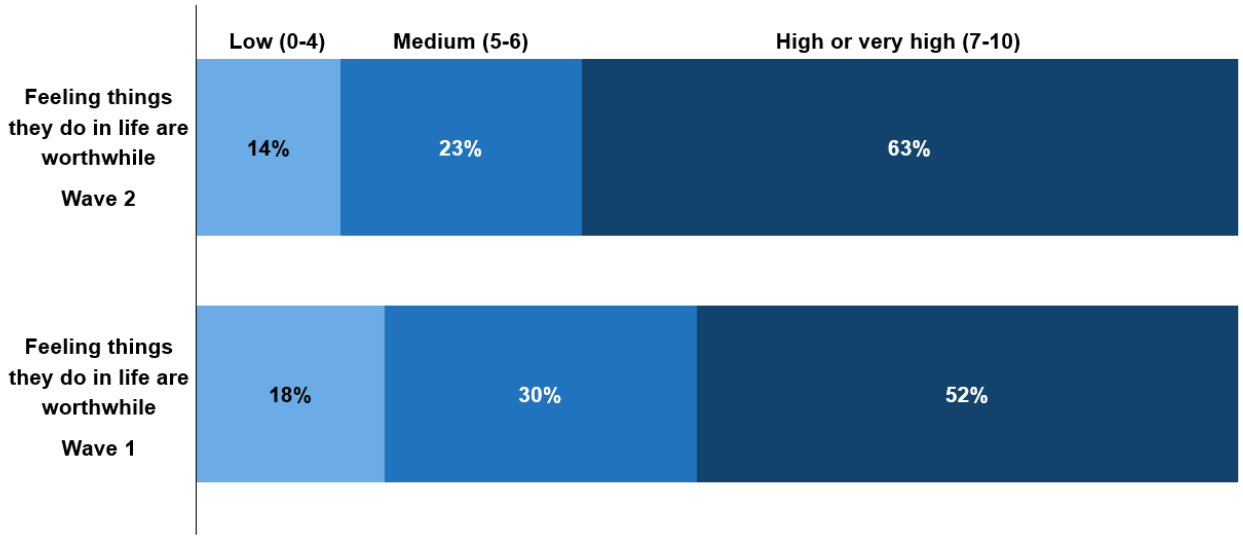
- life satisfaction is lower among participants who are disabled (5.34) or have unpaid caring responsibilities (5.89), compared with those who are not (6.54 for those who are not disabled and 6.48 for those who do not have unpaid caring responsibilities)

Feeling things they do in life are worthwhile

Participants in the survey were asked to what extent they feel the things they do in their life are worthwhile on a scale of 0 to 10, with 0 representing ‘not at all’ and 10 representing ‘completely’. Almost two-thirds of the ASC workforce (63%) provide a high or very high rating (7 to 10) when asked if they feel the things they do in their life are worthwhile. The mean score for all participants is 6.87, which indicates that generally members of the workforce feel the things they do in their life are worthwhile.

As shown in figure 2.2, the proportion giving high or very high ratings on how worthwhile they feel things they do in their life are rose from 52% in wave 1 to 63% in wave 2. The mean score also increased from 6.42 to 6.87.

Figure 2.2: to what extent participants feel that the things they do in their life are worthwhile, on a scale of 0 to 10, where 0 is 'not at all' and 10 is 'completely' (QLIFE_WORTH_W2: Overall, to what extent do you feel that the things you do in your life are worthwhile?)



Base: all participants working in ASC in England. Wave 1:(n=7,233). Wave 2: (n=3,008).

Sub-group differences are present across job role, type of employer and service, number of hours contracted to work, and age, with many differences on how worthwhile people feel the things they do are being similar to those observed for life satisfaction.

Occupational therapists (7.62), and registered managers (7.27) have the highest mean scores for feeling that the things they do in their life are worthwhile compared to the workforce average (6.87), and to social workers (6.75), senior care workers (6.85), care workers and assistants care workers (6.77) and support and outreach workers (6.82).

Participants working in community services (7.25) have the highest mean score for feeling that the things they do in their life are worthwhile compared with the overall workforce (6.87), as well as those working in residential settings (6.88) or those working in homecare, supported living, live-in care or extra care housing services (6.65).

Looking across type of employer, participants employed by a local authority (7.29) and those who are self-employed or independent (7.53) also report a higher mean score compared to the overall workforce (6.87) and compared with those working for a care provider (6.75).

Participants contracted to work 36 hours or more per week have the lowest mean score for feeling things in their life are worthwhile (6.75) when compared with those contracted to work 1 to 20 hours (7.28).

Mean scores increase with age, with members of the adult social care workforce aged over 55 reporting the highest mean score (7.18) and those aged under 25 the lowest (6.62) which is consistent with wave 1.

In line with earlier findings, feeling the things they do in life are worthwhile is less common among members of the workforce who are disabled or have unpaid caring responsibilities: these groups have a lower mean score than average (5.99 and 6.57 respectively compared with 6.87).

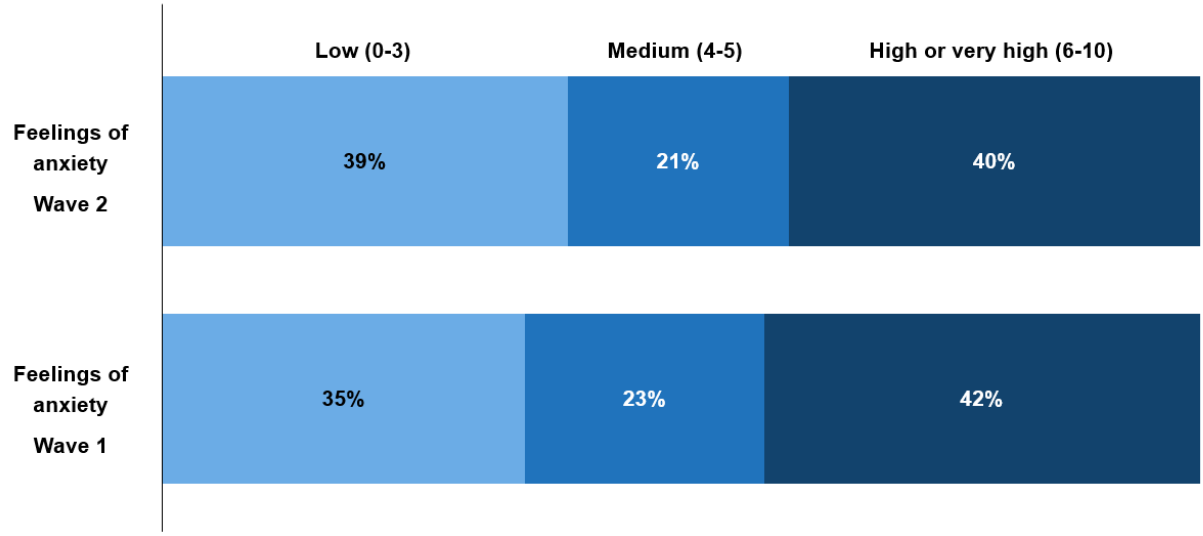
Differences by ASCOT-Workforce scores follow the pattern previously observed, with the mean score for feeling things participants do in life are worthwhile positively associated with the ASCOT-Workforce score.

Feelings of anxiety

When asked how anxious participants felt the day before completing the survey, on a scale of 0 to 10 where 0 is not at all anxious and 10 is completely anxious, the mean score is 4.48, with 40% of the ASC workforce rating their anxiety as high (scores of 6 to 10 out of 10). Unlike other wellbeing questions reported in this chapter, a lower mean score is positive as it indicates lower levels of anxiety.

As shown in figure 2.3, feelings of anxiety the day prior to completing the survey have remained stable between wave 1 and wave 2, with around 2 in 5 (42%) rating their anxiety as high or very high at wave 1 (the change from 42% at wave 1 to 40% at wave 2 is not statistically significant).

Figure 2.3: overall, how anxious participants felt yesterday on a scale of 0 to 10, where 0 is 'not at all' anxious and 10 is 'completely' anxious (QLIFE_ANX_W2: Overall, how anxious did you feel yesterday?)



Base: all participants working in ASC in England. Wave 1:(n=7,233). Wave 2: (n=3,008).

Mean scores across the workforce vary significantly across sub-groups including type of employer, service and demographics.

Those employed by a local authority (3.87) have the lowest mean score for anxiety compared with those working for a care provider (4.62). Related to this, those working in community services (which include local authorities) report the lowest levels of anxiety (mean score of 3.96) compared with those working in residential care settings (4.76), homecare, supported living, live-in care, extra care housing services (4.39) and other or multiple services in ASC (4.64).

People with a high ASCOT-Workforce score of 30 to 39 report lower levels of anxiety (mean score of 3.48), compared to 4.5 among those with an ASCOT-Workforce score of 20 to 29 and 5.68 among those with an ASCOT-Workforce score of 0 to 19.

There are also demographic differences in ratings of anxiety the day before completing the survey:

- carer status: members of the workforce who have unpaid caring responsibilities (4.9) report a higher mean score for anxiety compared to the overall workforce (4.48) and those who are not unpaid carers (4.31)

- disability: those with a disability report a higher mean score for anxiety (5.59) compared with those who do not have a disability (4.13) and the overall workforce (4.48)

- age: younger participants report a higher mean score for anxiety (4.81) than the overall workforce (4.48)

- household income: participants with an annual household income of up to £25,999 (4.76) have a higher mean score of anxiety compared to those with a household income of £52,000 up to £99,999 (4.08)

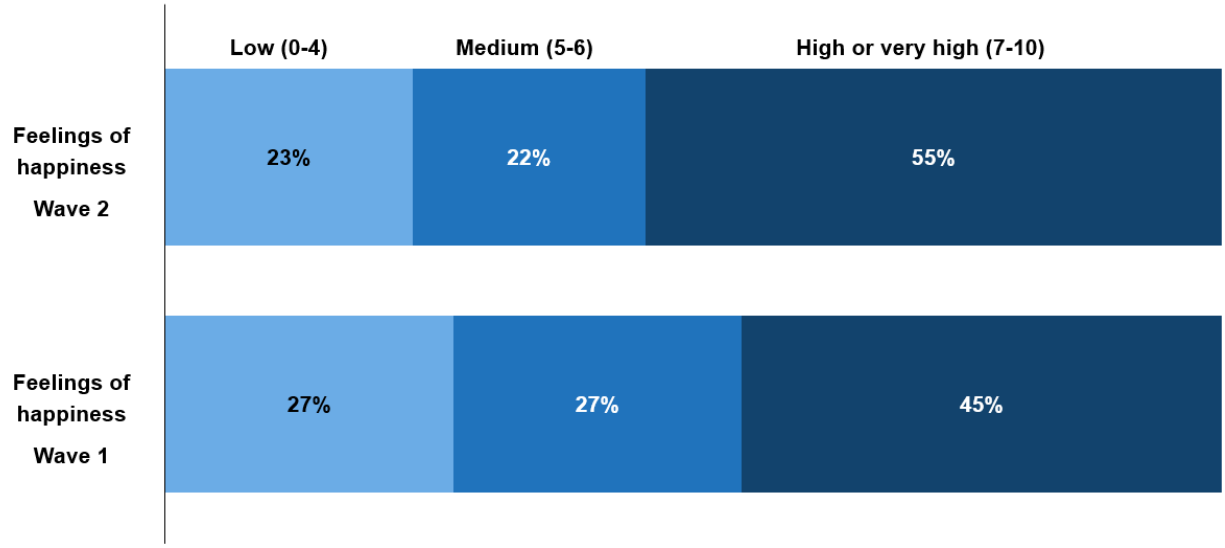
Feelings of happiness

Participants were asked, overall, how happy they felt the day before completing the survey on a scale of 0 to 10, with 0 representing 'not at all' happy and 10 representing 'completely' happy.

The mean score for all participants is 6.32, and the findings are spread out: almost a quarter of the workforce (23%) rate their happiness the day prior to completing the survey as low (defined by a score of 0 to 4), and over half (55%) choose a high score (7 to 10, including 27% providing ratings or 9 or 10), as shown in figure 2.4.

Reported feelings of happiness when thinking of the day before completing the survey have increased between the 2 waves. The proportion giving high or very high ratings rose from 45% in wave 1 to 55% in wave 2, and the mean score also increased from 5.9 to 6.32.

Figure 2.4: how happy participants felt the day before completing the survey, on a scale of 0 to 10, where 0 is 'not at all' happy and 10 is 'completely' happy (QLIFE_HAP_W2: Overall, how happy did you feel yesterday?)



Base: all participants working in ASC in England. Wave 1:(n=7,233). Wave 2: (n=3,008).

Sub-group differences are consistent with those observed for other measures of personal wellbeing.

Feelings of happiness vary depending on the type of employer. Participants employed by a local authority (6.96) and those who are self-employed or independent (6.94) report higher level of happiness compared to those working for a care provider (6.19). Levels of happiness are also higher than average (6.32) among people working in community services (6.84).

Differences by number of hours contracted to work and age are in line with those observed for other measures of wellbeing. Participants contracted to work 36 hours or more per week have the lowest mean score for happiness (6.22) when compared with those contracted to work 1 to 20 hours (6.83).

The mean score for happiness is positively associated with the ASCOT-Workforce score: it is 4.55 among those with an ASCOT-Workforce score of 0 to 19, compared with 6.22 for those with a score of 20 to 29 and 7.94 for those with a score of 30 to 39.

The demographic differences observed are similar to those mentioned for other wellbeing measures:

- age: mean score for happiness is higher among people aged 55 and over (6.69) than among younger age groups (6.16 for those aged under 35, 6.18 for those aged between 35 and 54)

- household income: mean score for happiness is lower among those with a low annual household income (5.78 for those with an annual household income of up to £25,999) when compared with the average (6.32) or with those with an annual household income of £26,000 to £51,999 (6.46) or £52,000 to £99,999 (6.84)

- disability and carer status: members of the ASC workforce who are disabled or have unpaid caring responsibilities have a lower mean score for happiness the day before they completed the survey, compared with those who are not disabled (5.21 compared with 6.71) or do not have such responsibilities (5.98 compared with 6.54)

Comparisons with other data

Estimates of UK measures of national wellbeing are published by ONS. The demographic profile of the ASC workforce in England is very different from the UK population profile, but it is possible to compare sub-groups of the 2 populations. Mean scores for the 4 wellbeing questions based on quarterly data collected by ONS between July and September 2025 have been obtained for women aged 18 to 64 in England, and men aged 18 to 64 in

England, which provide broad benchmarks for these groups within the ASC workforce survey.

Note that the demographic profile of women aged 18 to 64 in ASC workforce survey does not match the demographic profile of women aged 18 to 64 in England overall, for example there will be differences in terms of social grade, regions and detailed age breakdown within the 18 to 64 age group, which means that comparisons are indicative only. The same issue will apply to men aged 18 to 64 working in ASC in comparison with men aged 18 to 64 in England. These 2 sub-groups, based on age and gender, have been chosen because some wellbeing measures are known to vary by age and gender. See the following ONS reports:

- Measuring national wellbeing: at what age is personal wellbeing the highest?
- Annual personal wellbeing estimates

As shown in table 2.1 below, the mean scores for measures of national wellbeing among men and women aged 18 to 64 are higher on average in England (ONS population figures) than in the ASC workforce for life satisfaction, happiness yesterday and feeling that the things they do in life are worthwhile. Similarly, feelings of anxiety yesterday are lower in England than in the ASC workforce.

Table 2.1: comparisons of wellbeing measures between ONS population figures (July to September 2025) and ASC workforce survey wave 2, for men and women aged 18 to 64 in England

Mean scores	ASC workforce: women aged 18 to 64	ONS figures: women aged 18 to 64 in England	ASC workforce: men aged 18 to 64	ONS figures: men aged 18 to 64 in England
Life satisfaction	6.16^	7.5	6.33^	7.4
Feeling things done in life are worthwhile	6.83^	7.9	6.84^	7.6
Anxiety yesterday	4.56^	3.5	4.30^	3.1
Happiness yesterday	6.22^	7.4	6.50^	7.4
Base size	2,218	10,060	584	8,990

^ indicates that the difference between the ASC workforce wave 2 figure and the ONS figure is statistically significant.

Longitudinal analysis: changes in the wellbeing of the longitudinal sample

The improvement in wellbeing reported earlier in this chapter between wave 1 (2023) and wave 2 (2025) based on analysis of the cross-sectional sample can also be observed when looking at the longitudinal sample specifically, for some of the wellbeing measures. The longitudinal sample incudes only those who took part at both waves and so reflects changes within the same group of participants. For 2 of the 4 wellbeing measures (happiness and anxiety), the mean scores have improved between wave 1 and wave 2 and the difference is statistically significant. For the other 2 measures (life satisfaction and how worthwhile) there has been an increase which is not statistically significant.

Table 2.2: mean scores for each wellbeing measures at wave 1 and wave 2, for the longitudinal sample specifically

Base size (n=926)	Mean score at wave 1	Mean score at wave 2
Life satisfaction	5.97	6.15
Feeling things done in life are worthwhile	6.67	6.86
Happiness yesterday	5.95	6.25^
Anxiety yesterday	4.83	4.46^

^ indicates that the difference between wave 1 and wave 2 is statistically significant.

Longitudinal analysis: links between overall wellbeing at wave 1 and employment situation at wave 2

Analysis shows an association between wellbeing at wave 1 and likelihood of still working in the sector at wave 2.

Analysis of longitudinal responses shows those with low or medium life satisfaction at wave 1 are more likely to have left the adult social care sector entirely by wave 2 (9% of those with low life satisfaction and 6% with medium), compared with those with high (2%) life satisfaction. A similar pattern was observed for feelings that things they do in their life are worthwhile. Those with low ratings on the things they do in their life are worthwhile at wave 1 are more likely to have left the sector (9%) at wave 2 compared with those with a high (3%) score.

Those with high or very high life satisfaction at wave 1 are more likely to still be working in the same role in the same service (71%) at wave 2, compared with those with medium (59%) or low (60%) life satisfaction. Those with low life satisfaction at wave 1 are also more likely than those with high life satisfaction to say they are not in work at wave 2 (7% for low life satisfaction compared with 2% for high life satisfaction).

3. Care work-related quality of life

This chapter provides an overview of the CWRQoL of the ASC workforce, which is measured using ASCOT-Workforce (comprising 13 questions about different domains of CWRQoL). The chapter starts with analysis of the overall mean score from the ASCOT-Workforce measure and compares it with the mean score obtained at wave 1, for the cross-sectional sample, the longitudinal sample, and important sub-groups. The rest of the chapter looks at participant responses to each of the thirteen questions included in the ASCOT-Workforce measure.

Summary findings

The CWRQoL of the ASC workforce, measured with the ASCOT-Workforce tool, has improved between wave 1 (2023) and wave 2 (2025). The ASCOT-Workforce mean score has increased from 23.3 to 25.0 between the 2 waves, reflecting improvement across every ASCOT-Workforce domain. The most notable improvements relate to having time to do the job within paid hours (up by 8 percentage points to 60%), feeling supported in the role (up by 7 percentage points, to 71%), and financial security (up by 12 percentage points, to 44%).

Improvements are also observed in the longitudinal sample specifically, for 4 of the ASCOT-Workforce domains (relationships with people supported, competency, career pathway and financial security).

While these improvements are encouraging, it is important to remember that wave 1 was conducted in the aftermath of the COVID-19 pandemic and therefore provides an unusual benchmark for wave 2 findings.

Despite a marked improvement, financial security remains a challenge for the ASC workforce with the proportion of people reporting that they have no or not enough financial security exceeding the proportion of the workforce reporting that they have financial security (56% compared with 44%). Related to this, two-thirds of the ASC workforce find that the cost of living is too high (69%), half find that their hourly rate of pay is too low (49%) and over a third report a lack of sick pay (36%).

The job roles with the highest and lowest CWRQoL remain similar to wave 1: personal assistants (26.7) and registered managers (25.9) have the highest ASCOT-Workforce mean scores, while social workers (23.5) and nurses, nursing associates and allied health professionals (24.3) have the lowest ASCOT-Workforce mean scores, closely followed by senior care workers (24.4), though these have improved since wave 1.

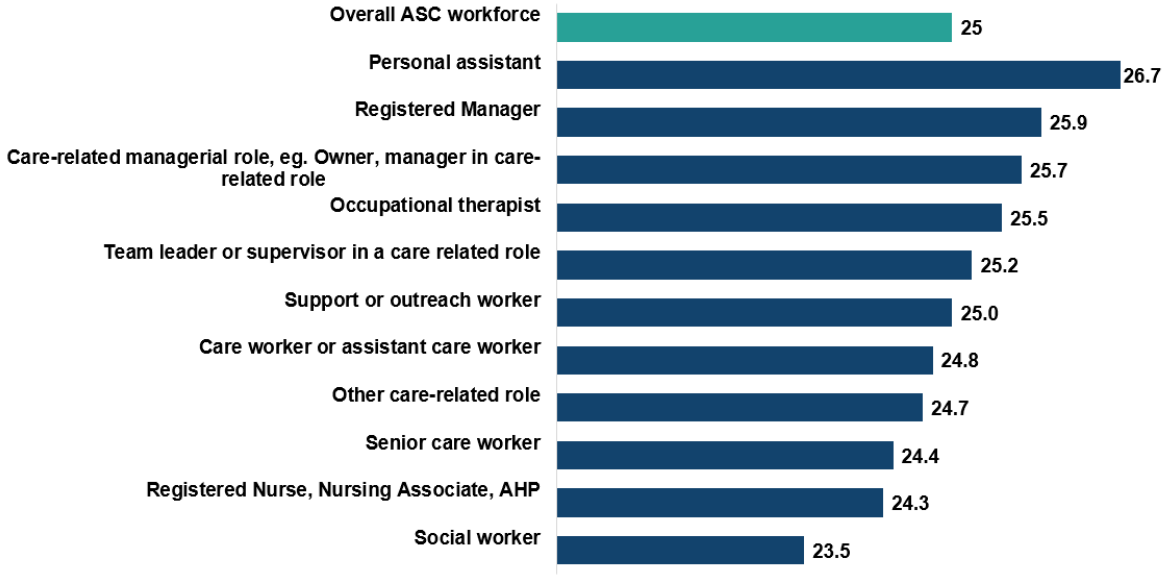
For most ASCOT-Workforce domains, significant sub-group differences are observed: people from Asian ethnic backgrounds, those aged under 35 and those working in homecare services are more positive than average across many ASCOT-Workforce domains. By contrast, disabled participants and those who have unpaid caring responsibilities are more likely to report negative experiences across many domains.

ASCOT-Workforce overall score

The ASCOT-Workforce mean score at wave 2 (2025) is 25.0. This is an increase compared with wave 1 (2023), where the ASCOT-Workforce mean score was 23.3.

Analysis by job role shows significant differences in CWRQoL. As shown in figure 3.1, the highest ASCOT-Workforce mean score is found among personal assistants (26.7), who have significantly higher scores than all other job roles. CWRQoL is also significantly higher than average among registered managers (25.9). The job role with the lowest overall score is social workers (23.5), although this is an improvement on the wave 1 score (20.69) for this job role. Differences in CWRQol between other job roles at wave 2 are not statistically significant.

Figure 3.1: ASCOT-Workforce mean score by job role (ASCOT_STAFF: ASCOT-Workforce overall scores)

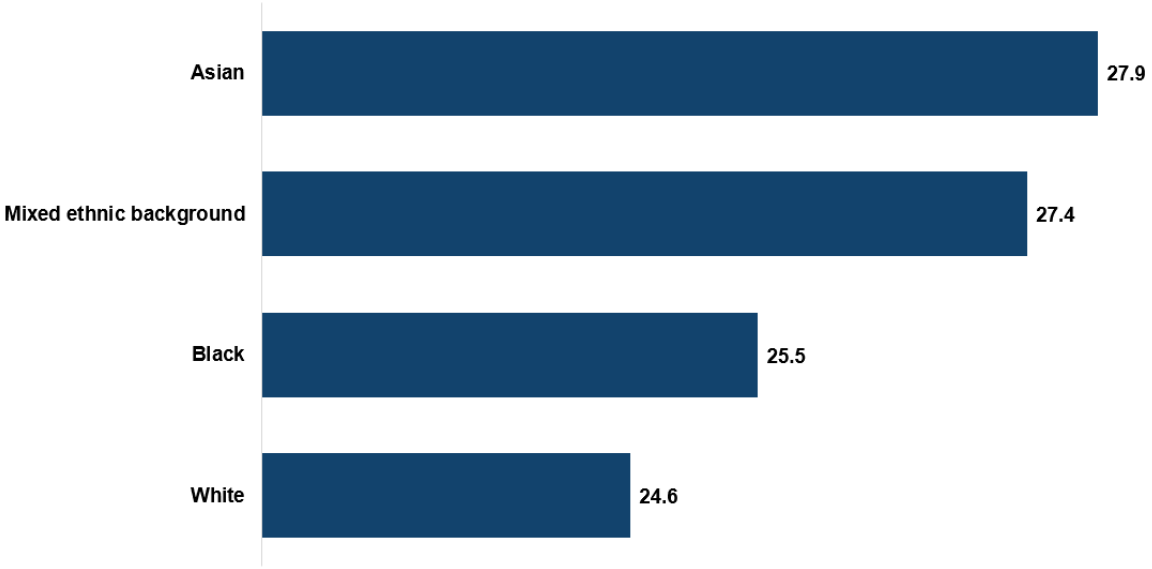


Base: all participants working in adult social care in England (n=3,008). Personal assistants (n=159). Registered manager (n=509). Care-related managerial role (n=207). Occupational therapist (n=196). Team leader or supervisor in a care-related role (n=88), support or outreach worker (n=346). Care worker or assistant care worker (n=694). Other care-related role (n=176). Senior care worker (n=159). Registered nurse, nursing associate, AHP (n=101). Social worker (n=347).

Participants working in homecare report a higher ASCOT-Workforce mean score (26.6) compared with all other services, while those working in residential nursing homes have the lowest score (23.3). Participants who have been working in their current role for up to 12 months report a higher score (26.6) compared with those who have been working in their role for more than 10 years (24.5).

As shown in figure 3.2, analysis by ethnicity shows that members of the ASC workforce from an Asian ethnic background (27.9) and a Mixed ethnic background (27.4) have a significantly higher ASCOT-Workforce mean score than people from White ethnic backgrounds (24.6). A similar pattern was observed at wave 1.

Figure 3.2: ASCOT-Workforce mean score by ethnicity (ASCOT_STAFF: ASCOT-Workforce overall scores)



Base: all participants working in adult social care in England (n=3,008). All from White ethnic background (n=2,327). All from Black ethnic background (n=306). All from Asian ethnic background (n=151). All from Mixed ethnic background (n=70).

Difference in mean scores can be found by other demographic characteristics:

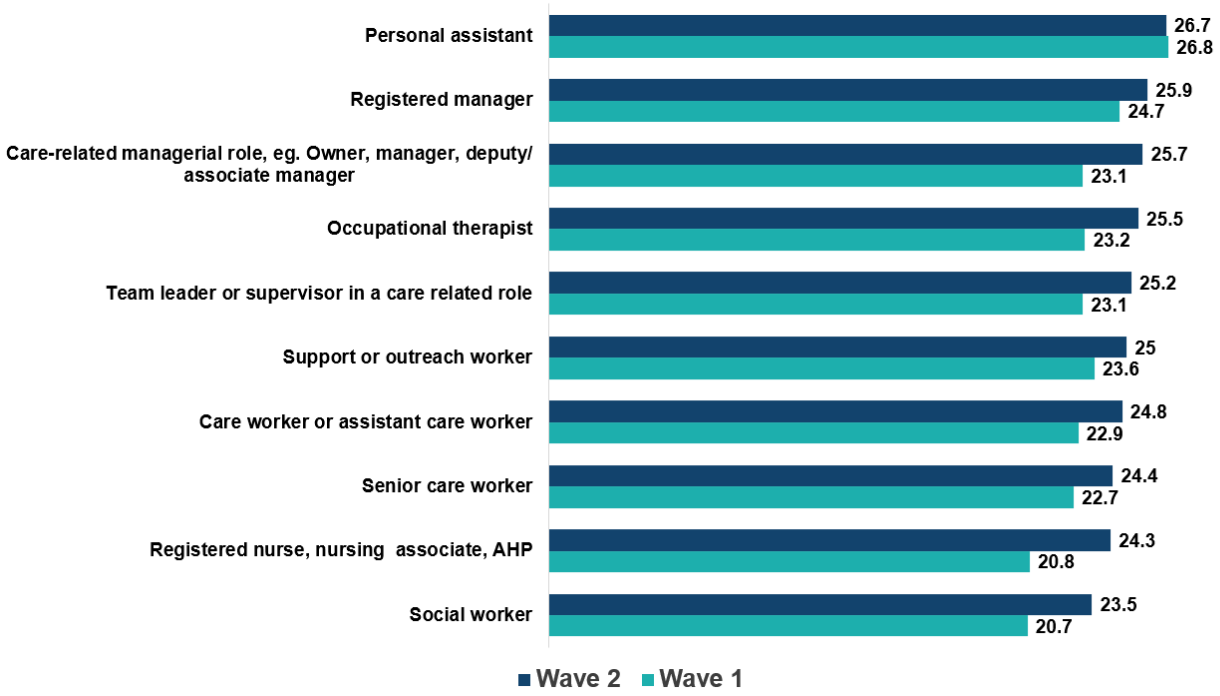
- people under the age of 35 have a significantly higher mean score (26.4) than those aged 35 to 54 (24.4) and those aged over 55 (24.8)
- men report a higher ASCOT-Workforce mean score (26.1) than women (24.8)
- low household income is associated with a lower ASCOT mean score: people reporting an annual household income of up to £25,999 have a lower ASCOT mean score than average (23.5 compared with 25.0)
- being disabled and/or having unpaid caring responsibilities are associated with lower than average ASCOT-Workforce mean scores (22.4, and 24.1 respectively, compared with 25.0 on average)

Changes to ASCOT-Workforce scores over time for important sub-groups

Comparing wave 1 and wave 2 ASCOT-Workforce mean scores, there has been an improvement across many job roles in the ASC workforce. For example, as shown in figure 3.3, the mean score for:

- support and outreach workers has increased from 23.6 (wave 1) to 25.0 (wave 2)
- occupational therapists has increased from 23.2 (wave 1) to 25.5 (wave 2)
- nurses and nursing associates has increased from 20.8 (wave 1) to 24.3 (wave 2)
- social workers has increased from 20.7 (wave 1) to 23.5 (wave 2)
- senior care workers has increased from 22.7 (wave 1) to 24.4 (wave 2)

Figure 3.3: changes in ASCOT-Workforce mean score across wave 1 and wave 2, split by job roles (ASCOT_STAFF: ASCOT-Workforce overall scores)



Base: all participants working in adult social care in England (W1=7,233, W2=3,008). Personal assistant (W1=263, W2=159). Registered manager (W1=679, W2=509). Care-related managerial role (W1=79, W2=207). Occupational therapist (W1=262, W2=196). Team leader or supervisor in a care-related role (W1=825, W2=88), Support or outreach worker (W1=1,364, W2=346). Care worker or assistant care worker (W1=1,998, W2=694). Senior care worker (W1=627, W2=159) Registered nurse, nursing associate, AHP (W1=152, W2=101), Social worker (W1=502, W2=347).

Longitudinal analysis: trends in ASCOT-Workforce scores

The increase in the ASCOT-Workforce mean score observed when comparing the cross-sectional wave 1 and wave 2 samples can also be found when looking at the longitudinal sample specifically (a sub set of cases from within the cross-sectional sample), though the

increase for this sub-group of participants is smaller, from 22.98 at wave 1 to 23.68 at wave 2.

Looking at the ASCOT-Workforce banded scores provides more insights about the trends for the longitudinal sample, specifically:

- of the longitudinal participants with an ASCOT-Workforce score of 0 to 19 at wave 1, 52% are still in this band at wave 2, but 43% have a higher score of 20 to 29 at wave 2, and 4% now have a score of 30 to 39 (indicating a high CWRQoL)

- all except one of the participants who had an ASCOT-Workforce score of 30 to 39 at wave 1 have a score of 20 or above at wave 2, including 67% who have remained in the top band. None of them have fallen into the bottom 0 to 9 band

- of those who had a score of 20 to 29 at wave 1, 59% are still in the same band, but 19% are now into the top band and a slightly higher proportion (23%) have a score of 10 to 19. None of them have fallen into the bottom 0 to 9 band

Among longitudinal participants, there are no significant differences in the ASCOT-Workforce mean scores of those who have changed organisation or changed role within the same organisation since wave 1, compared with those who have not. Note the small base sizes: this analysis is based on 89 longitudinal participants who have changed role within their organisation and 98 who have changed organisation between the 2 waves.

Findings from the ASCOT-Workforce domains

The individual domains for ASCOT-Workforce are reported by stating the percentage of responses to each answer code, in the same way as a standard survey question. Tables 3.1 to 3.13 below outline the top and bottom net percentages for each of the 13 domains included in the ASCOT-Workforce measure for wave 1 and wave 2 of the survey, for the cross-sectional samples as well as for the longitudinal sample specifically. The detailed findings for each ASCOT domain are outlined after the table.

There are clear improvements in all ASCOT-Workforce domains when comparing the cross-sectional samples at wave 1 and wave 2. However, when looking at the longitudinal sample specifically, the situation is more mixed: the situation has improved in some domains (relationship with people supported, competency, career pathway, financial security) but remained stable in others and deteriorated in one domain (feeling valued).

Table 3.1: making a difference - ASCOT-Workforce score at wave 1 and wave 2 for cross-sectional sample and for longitudinal sample specifically

Making a difference	Wave 1 cross-sectional sample	Wave 2 cross-sectional sample	Wave 1 longitudinal sample	Wave 2 longitudinal sample
Able to make a difference (1. I am able to make as much difference as I would like and 2. I am able to make some difference)	69%	75%^	67%	70%
Not enough, or no difference (3. I am able to make some difference but not enough and 4. I am not able to make any difference)	31%	25%^	33%	30%
Base	7,233	3,008	926	926

^ means the difference between wave 1 and wave 2 is statistically significant.

Table 3.2: relationship with people supported - ASCOT-Workforce score at wave 1 and wave 2 for cross-sectional sample and for longitudinal sample specifically

Relationship with people supported	Wave 1 cross-sectional sample	Wave 2 cross-sectional sample	Wave 1 longitudinal sample	Wave 2 longitudinal sample
Good (1. As a good as I want them to be and 2. Good enough)	86%	90%^	84%	88%^
Not good (3. Not as good as I would like and 4. Not at all good)	14%	10%^	16%	12%^
Base	7,233	3,008	926	926

^ means the difference between wave 1 and wave 2 is statistically significant.

Table 3.3: autonomy - ASCOT-Workforce score at wave 1 and wave 2 for cross-sectional sample and for longitudinal sample specifically

Autonomy	Wave 1 cross-sectional sample	Wave 2 cross-sectional sample	Wave 1 longitudinal sample	Wave 2 longitudinal sample
Has freedom and independence (1. As much freedom and independence as I want and 2. Adequate freedom and independence	65%	71%^	69%	68%
Not enough or no freedom and independence (3. Some freedom and independence and 4. No freedom and independence)	35%	29%^	31%	32%
Base	7,233	3,008	926	926

^ means the difference between wave 1 and wave 2 is statistically significant.

Table 3.4: time to care - ASCOT-Workforce score at wave 1 and wave 2 for cross-sectional sample and for longitudinal sample specifically

Time to care	Wave 1 cross-sectional sample	Wave 2 cross-sectional sample	Wave 1 longitudinal sample	Wave 2 longitudinal sample
Has enough (1. I have the time I need and 2. I have adequate time)	52%	60%^	55%	52%
Does not have enough (3. I do not have enough time and 4.I do not have time to do my job well and it is having a negative effect on me)	48%	40%^	45%	48%
Base	7,233	3,008	926	926

^ means the difference between wave 1 and wave 2 is statistically significant.

Table 3.5: worry about work - ASCOT-Workforce score at wave 1 and wave 2 for cross-sectional sample and for longitudinal sample specifically

Worry about work	Wave 1 cross-sectional sample	Wave 2 cross-sectional sample	Wave 1 longitudinal sample	Wave 2 longitudinal sample
Hardly ever or occasionally worry (1. I hardly ever worry about work and 2. I occasionally worry about work)	48%	54%^	51%	50%
Often or constantly worry 3. I often worry about work and 4. I constantly worry about work)	52%	46%^	49%	50%
Base	7,233	3,008	926	926

^ means the difference between wave 1 and wave 2 is statistically significant.

Table 3.6: self-care - ASCOT-Workforce score at wave 1 and wave 2 for cross-sectional sample and for longitudinal sample specifically

Self-care	Wave 1 cross-sectional sample	Wave 2 cross-sectional sample	Wave 1 longitudinal sample	Wave 2 longitudinal sample
Able to look after myself (1. I am able to look after myself as well as I want and 2. I am able to look after myself well enough)	46%	52%^	44%	45%
Sometimes not or rarely able to look after myself (3. Sometimes I am not able to look after myself well enough and 4. I am rarely able to look after myself well enough)	54%	48%^	56%	55%
Base	7,233	3,008	926	926

^ means the difference between wave 1 and wave 2 is statistically significant.

Table 3.7: safety - ASCOT-Workforce score at wave 1 and wave 2 for cross-sectional sample and for longitudinal sample specifically

Safety	Wave 1 cross-sectional sample	Wave 2 cross-sectional sample	Wave 1 longitudinal sample	Wave 2 longitudinal sample
Feels safe (1. I feel safe and 2. Generally, I feel adequately safe)	80%	85%^	81%	81%
Does not feel safe (3. I feel less than adequately safe and 4. I don't feel at all safe)	20%	15%^	19%	19%
Base	7,233	3,008	926	926

^ means the difference between wave 1 and wave 2 is statistically significant.

Table 3.8: professional relationships - ASCOT-Workforce score at wave 1 and wave 2 for cross-sectional sample and for longitudinal sample specifically

Professional relationships	Wave 1 cross-sectional sample	Wave 2 cross-sectional sample	Wave 1 longitudinal sample	Wave 2 longitudinal sample
Good (1. As good as I want them to be and 2. Good enough)	83%	87%^	82%	84%
Not good (3. Not as good as I would like and 4. Not at all good)	17%	13%^	18%	16%
Base	7,233	3,008	926	926

^ means the difference between wave 1 and wave 2 is statistically significant.

Table 3.9: professional relationships - ASCOT-Workforce score at wave 1 and wave 2 for cross-sectional sample and for longitudinal sample specifically

Supported in role	Wave 1 cross-sectional sample	Wave 2 cross-sectional sample	Wave 1 longitudinal sample	Wave 2 longitudinal sample
Feels supported	64%	71%^	65%	63%

Supported in role	Wave 1 cross-sectional sample	Wave 2 cross-sectional sample	Wave 1 longitudinal sample	Wave 2 longitudinal sample
(1. I feel highly supported and 2. I feel adequately supported)				
Does not feel supported (3. I do not feel as supported as I would like and 4. I do not feel at all supported)	36%	29%^	35%	37%
Base	7,233	3,008	926	926

^ means the difference between wave 1 and wave 2 is statistically significant.

Table 3.10: competency - ASCOT-Workforce score at wave 1 and wave 2 for cross-sectional sample and for longitudinal sample specifically

Competency	Wave 1 cross-sectional sample	Wave 2 cross-sectional sample	Wave 1 longitudinal sample	Wave 2 longitudinal sample
Has the knowledge and the skills (1. I have the skills and knowledge I need and 2. I have adequate skills and knowledge)	89%	92%^	87%	92%^
Does not have the knowledge and the skills (3. I have some skills and knowledge but not enough and 4. I do not have the skills and knowledge I need)	11%	8%^	13%	8%^
Base	7,233	3,008	926	926

^ means the difference between wave 1 and wave 2 is statistically significant.

Table 3.11: career pathway - ASCOT-Workforce score at wave 1 and wave 2 for cross-sectional sample and for longitudinal sample specifically

Career pathway	Wave 1 cross-sectional sample	Wave 2 cross-sectional sample	Wave 1 longitudinal sample	Wave 2 longitudinal sample
Has opportunities (1. I have as many opportunities as I would like and 2. I have adequate opportunities)	59%	65%^	53%	58%^
Does not have enough or no opportunities (3. I have some opportunities but not enough and 4. I have no opportunities)	41%	35%^	47%	42%^
Base	7,233	3,008	926	926

^ means the difference between wave 1 and wave 2 is statistically significant.

Table 3.12: financial security - ASCOT-Workforce score at wave 1 and wave 2 for cross-sectional sample and for longitudinal sample specifically

Financial security	Wave 1 cross-sectional sample	Wave 2 cross-sectional sample	Wave 1 longitudinal sample	Wave 2 longitudinal sample
Has financial security (1. I have as much financial security as I want and 2. I have enough financial security)	32%	44%^	29%	39%^
Does not have financial security (3. I do not have enough financial security and 4. I do not have any financial security)	68%	56%^	71%	61%^
Base	7,233	3,008	926	926

^ means the difference between wave 1 and wave 2 is statistically significant

Table 3.13: feeling valued - ASCOT-Workforce score at wave 1 and wave 2 for cross-sectional sample and for longitudinal sample specifically

Feeling valued	Wave 1 cross-sectional sample	Wave 2 cross-sectional sample	Wave 1 longitudinal sample	Wave 2 longitudinal sample
Feels valued (1. My role is highly valued by others and 2. My role is adequately valued by others)	46%	53%^	45%	40%^
Does not feel valued (3. My role is not as valued as I would like by others and 4. My role is not at all valued by others	54%	47%^	55%	60%
Base	7,233	3,008	926	926

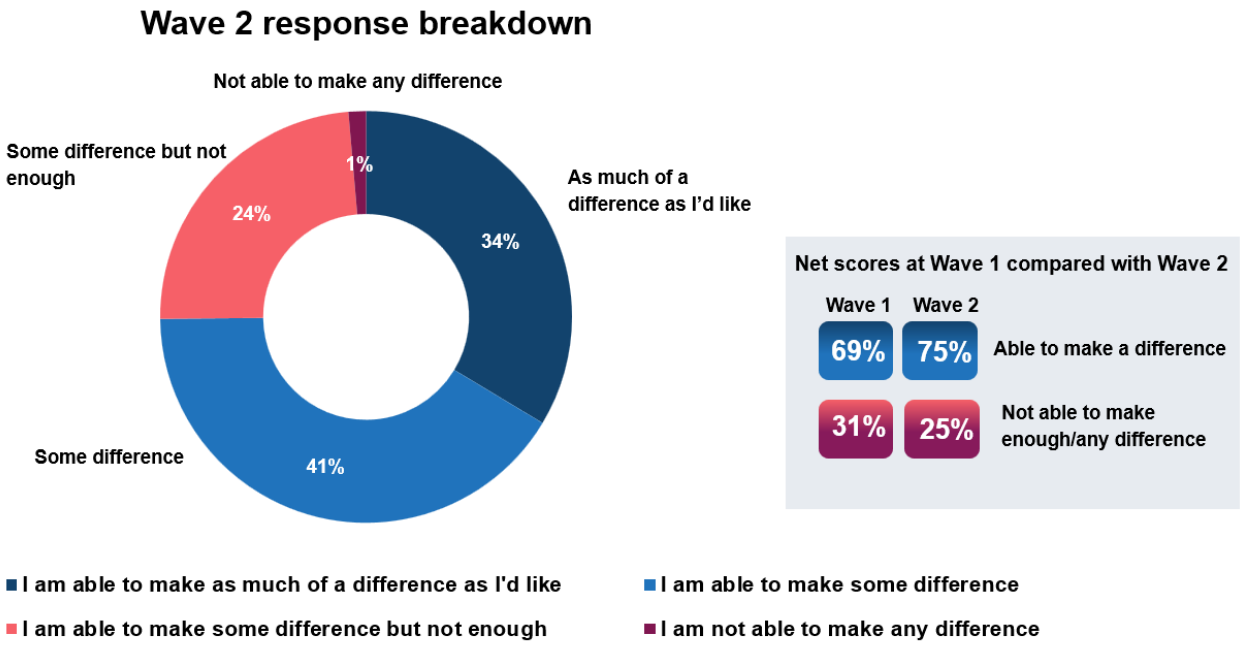
^ means the difference between wave 1 and wave 2 is statistically significant.

Making a difference

Participants in the survey were asked to think about their current role and the difference they are able to make in people's lives. 'Making a difference' is defined as how able they are to support people to lead the lives they want.

As shown in figure 3.4, three-quarters of the ASC workforce (75%) say they are able to make a difference and within this 34% say they are able to make as much of a difference as they would like. However, around 1 in 5 (24%) say they are able to make some difference but not enough, and 1% say they are not able to make any difference. These findings are more positive than those from wave 1, where 69% of the ASC workforce said they were able to make a difference.

Figure 3.4: how much difference participants are able to make in people's lives in their current role (ASCOT_DIFF_1_W2. Thinking about your current role and the difference you are able to make to people's lives, which of the following statements best describes how you feel?)



Base: all participants working in adult social care in England. Wave 2 (n=3,008). Wave 1 (n=7,233).

Across job roles, personal assistants stand out, with this group more likely to say they are able to make a difference (83%) than registered managers (73%), nurses and nursing associates (68%) and social workers (58%). Social workers are the job role with the most negative views about the difference they are able to make, with over 2 in 5 (42%) stating they are not able to make enough or any difference. This is significantly higher than the ASC workforce average (25%).

There are also differences across types of services, with those working in homecare more likely to state they are able to make a difference (81%) compared with the overall workforce (75%) and those working in residential care (70%).

Differences can be also observed by time in the role. For example, people who have been in their role for 5 to 10 years (33%) and more than 10 years (34%) are more likely than average to say they are not able to make a difference compared to the overall ASC workforce (25%).

There are also difference by demographics, with people aged under 35 most likely to say they are able to make a difference (85% compared with 75% of 35 to 54 year olds and 65% of those aged 55 and over). Members of the ASC workforce from Asian (92%) and Black (90%) ethnic backgrounds are also more likely to say they are able to make a

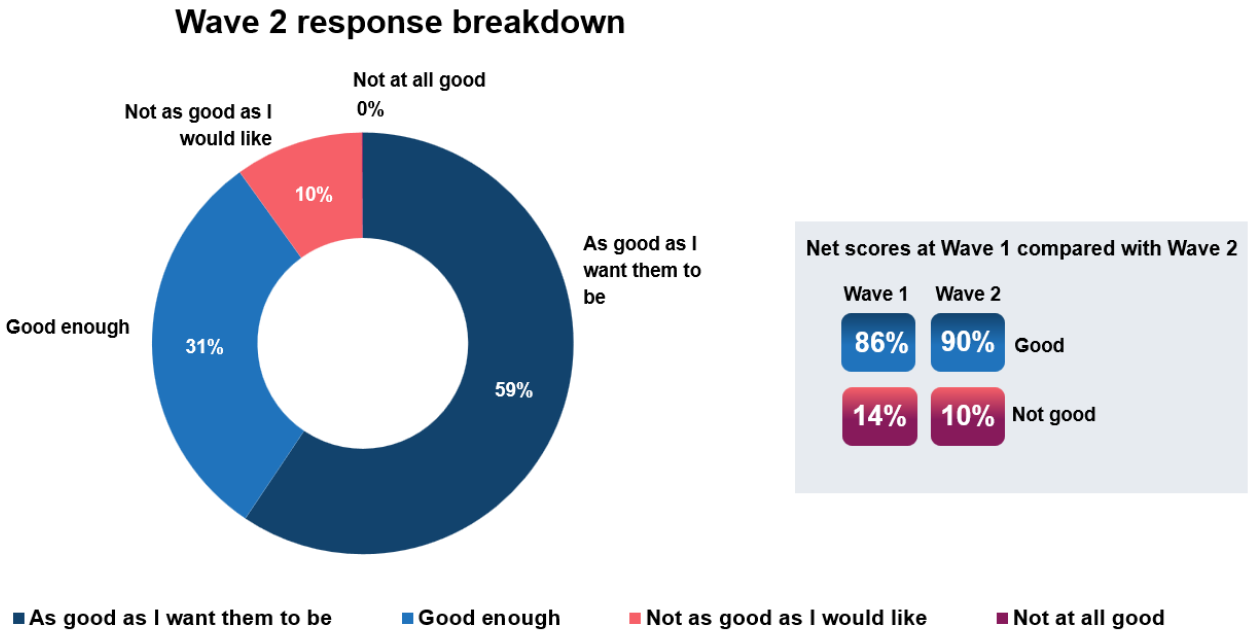
difference in their role than the overall workforce (75%) and people from White ethnic backgrounds (69%). Finally, while about 4 in 5 people who are not disabled (80%) say they are able to make a difference, the proportion drops to 62% among those who are disabled. A similar pattern can be observed among people who have unpaid caring responsibilities (67% compared with 78% for those who do not have unpaid caring responsibilities).

Relationships with the people supported

Participants were asked to think about their relationships with people who have care and support needs, and which statements best described their feelings, focusing on the person or people they have contact with and the quality of the relationship.

As shown in figure 3.5, 9 in 10 members of the ASC workforce (90%) say they have a good relationship with people with care and support needs, while 10% say their relationships are not good, compared with 86% with good relationships and 14% with relationships which are not good at wave 1.

Figure 3.5: relationships with people who have care and support needs (ASCOT_REL_2_W2. Thinking about your relationships with people who have care and/or support needs, which of the following statements best describes how you feel?)



Base: all participants working in adult social care in England. Wave 2 (n=3,008). Wave 1 (n=7,233).

Looking at the different job roles included in the survey, the vast majority (97%) of personal assistants say they have a good relationship with the people they support, which is higher than average (90%). Rating the relationship with the people they support as 'not good' is more common among social workers, compared with the average (19% compared with 10% of the overall ASC workforce).

People working in homecare services are most likely to rate say their relationships with the people they support as good (94%) compared with the overall ACS workforce (90%) and those working in residential care (87%).

Looking at age, people 55 and over are more likely to say they do not have a good relationship with the people they care for (15% compared with 7% among those aged under 35 and 8% among those aged 35 to 54). People from Asian ethnic backgrounds report a good relationship with the people they support compared with the overall ASC workforce (99% compared with 90% overall) and compared with White people (88%).

In line with other findings, disabled people and people with unpaid caring responsibilities are more likely than average to describe their relationships with people who have care and support needs as not good (14% each, compared with 10% on average).

Autonomy

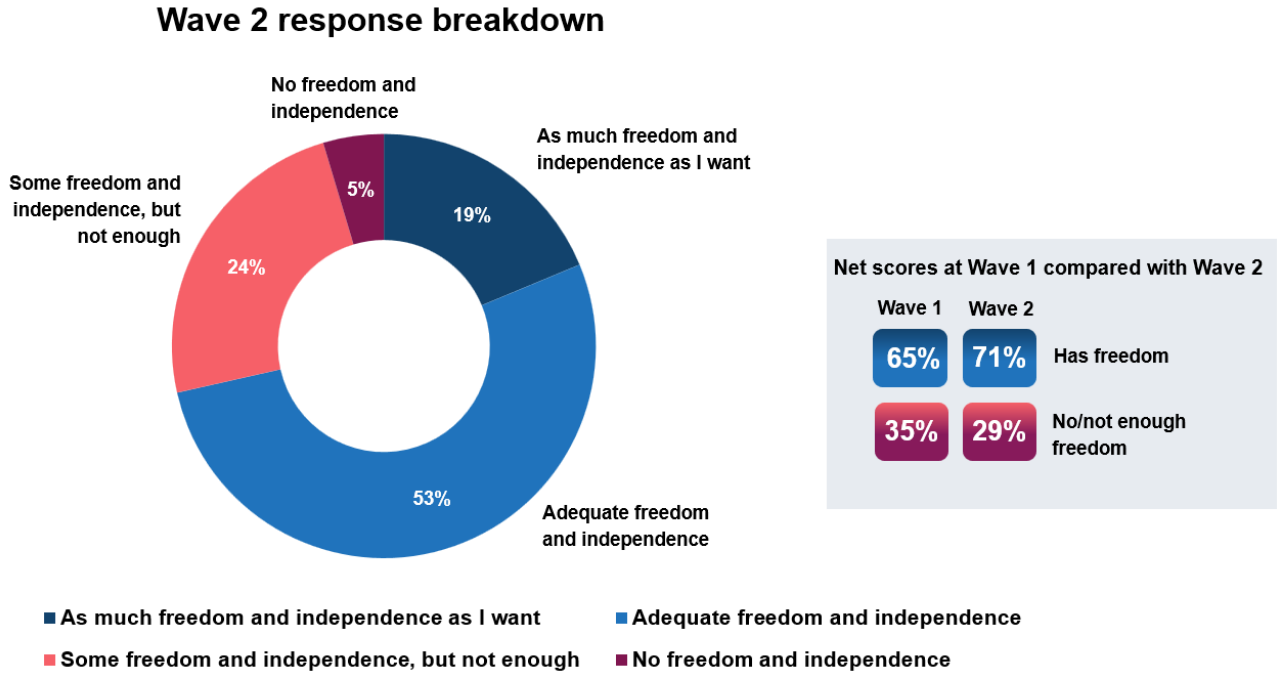
Participants in the survey were asked how much freedom and independence they have to make decisions and carry out tasks as part of their day-to-day work.

As shown in figure 3.6, 7 in 10 participants (71%) say they have freedom and independence in their role, with 1 in 5 (19%) saying they have as much freedom and independence as they want and over half (53%) saying they have adequate freedom and independence.

Three in 10 participants (29%) say they do not have enough or any freedom, with 1 in 4 (24%) saying they have some freedom and independence, but not enough, while 5% say they have no freedom or independence in their role.

Again, these findings have improved since wave 1, where over a third of the ASC workforce (35%) said they did not have enough or any freedom and independence.

Figure 3.6: freedom and independence to make decisions and carry out tasks as part of day-to-day work (ASCOT_AUT_3_W2. Think about how much freedom and independence you have to make decisions and carry out tasks as part of your day-to-day work. Which of the following statements best describes how you feel?)



Base: all participants working in adult social care in England. Wave 2 (n=3,008). Wave 1 (n=7,233).

Looking across job roles there are some clear differences. Personal assistants (90%), occupational therapists (86%), and registered managers (78%) are all more likely to say they have freedom in their role compared to the overall ASC workforce (71%). In contrast, social workers (41%) and care workers or assistant workers (34%) are most likely to say they do not have enough or any freedom (29% overall).

Differences by types of services are consistent with those observed for other ASCOT-Workforce domain: people working in homecare again report higher freedom at work (78% compared with 71% overall), with those working in residential care being less likely to do so (63%).

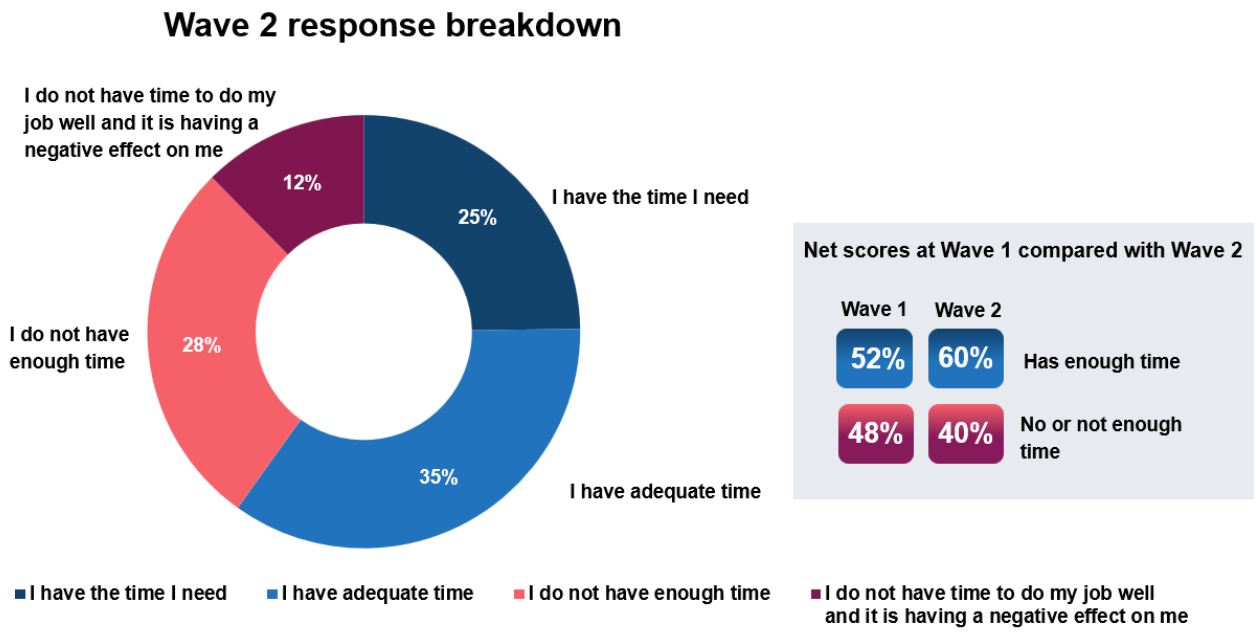
Feeling that they have autonomy at work is more prevalent than average among people under 35 years old (79%), and among members of the workforce who are not disabled (74%, compared with 63% among disabled people).

Time to care

Participants were asked to think about whether they have the time they need to do their job well. Statements ranged from 'I have the time I need' to 'I do not have time to my job well and it is having a negative effect on me'.

As shown in figure 3.7, 3 in 5 (60%) of the ASC workforce say they have enough time to do their job well, with a quarter (25%) stating they have the time they need and around a third (35%) saying they have adequate time. Two in 5 (40%) say they do not have enough or any time, including over 1 in 8 (12%) stating they do not have enough time to do their job, and it is having a negative impact on them. This marks a significant improvement from wave 1, where just over half of the ASC workforce (52%) said they had enough time to do their job well.

Figure 3.7: time needed to do your job well (ASCOT_TIME_4_W2: Thinking about the time you need to do your job well, which of the following statements best describes how you feel?)



Base: all participants working in adult social care in England. Wave 2 (n=3,008). Wave 1 (n=7,233).

There are important differences by job role:

- just over three-quarters of personal assistants (77%) say they have enough time to do their job well and a slightly lower proportion (73%) of support and outreach workers say the same - this is significantly higher than the ASC workforce average (60%)

- not having enough time to do their job well is more common among participants in regulated professions or managerial roles. This includes social workers (62%), registered managers (57%) and occupational therapists (52%) - compared with 40% of the overall ASC workforce. However, this is a significant improvement compared to wave 1, where 78% of social workers and 68% of occupational therapists said they did not have enough time

Reflecting differences by types of services reported at previous questions, those working in homecare are more likely to report having enough time to do their job well (73% compared with 60% overall), while those working in residential care are more likely than average to say they do not have enough time (56% compared with 40% overall).

There are also differences when looking at the profile of the people participants support. Not having enough time to do their job well within paid hours is more common than average (40%) among participants who support working age adults with mental health conditions (45%) or a sensory impairment (50%), older people with dementia (46%) and older people with a brain injury or had a stroke (46%).

Turning to demographics, the following differences are observed:

- participants from ethnic minority backgrounds are more likely to state they have enough time to do their job well (70%) compared to those from White ethnic backgrounds (55%)

- perceptions of having enough time to do their job well are higher among people aged under 35 (67% compared with 60% overall), and among men (70%) compared to women (58%)

- non-UK citizens (75%), and within this group those on a Health and Care Worker visa (81%), are more likely than UK citizens (55%) to say they have enough time

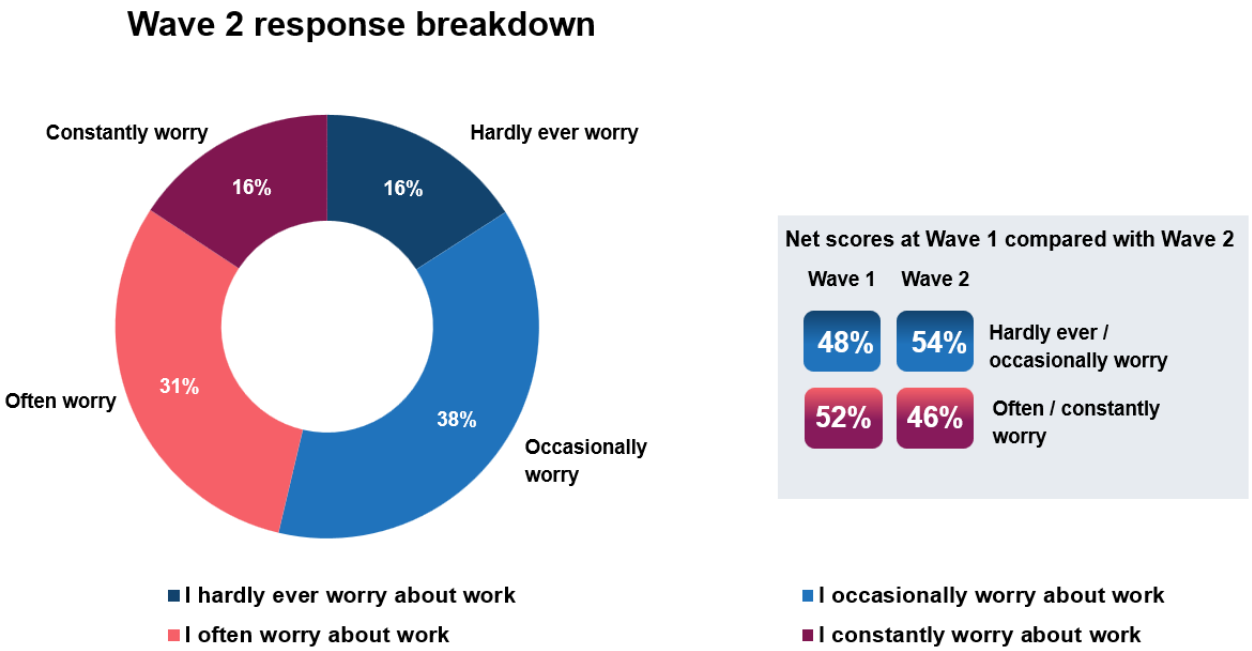
- reporting a lack of time to do their job well is very common among disabled people (55%, compared with 35% among those who are not disabled) and people with unpaid caring responsibilities (49% compared with 37% among those without unpaid caring responsibilities)

Worrying about work

Participants were asked how much they worry about work outside of their working hours, considering the people they care for or support and the tasks they need to do in their working hours.

In line with wave 1 results, the workforce remains evenly split in how much they worry about work outside of hours. As shown in figure 3.8, over half (54%) say they hardly ever or occasionally worry about work (an improvement from 48% in wave 1) and just under half (46%) say they often or constantly worry about work (an improvement from 52% at wave 1).

Figure 3.8: worry about work outside of working hours (ASCOT_WORRY_5_W2: Which of the following statements best describes how much you worry about work outside of working hours?)



Base: all participants working in adult social care in England. Wave 2 (n=3,008). Wave 1 (n=7,233).

Reported levels of worry are highest among registered managers (71%), team leaders or supervisors in a care-related role (61%) and those working in care-related managerial roles (58%). These proportions are significantly higher than the overall ASC workforce (46%). In contrast, over a third of support and outreach workers say they often or constantly worry about work outside of working hours (35%).

Participants working in residential nursing homes are also more likely to say they worry compared with those working in homecare (56% compared with 47%), or in community services (37%). A similar pattern can be observed among people employed by a private care provider (50% of them say they worry), as opposed to those employed by a local authority (38%) or an individual employer (38% of them worry).

The profile of the people cared for and supported also makes a difference, with people caring or supporting people working-age adults with a mental health condition (54%),

sensory impairment (56%), physical disability (51%), or older people with dementia (51%) or a brain injury or stroke (52%), all more likely to worry about work outside their working hours, when compared with the average (46%).

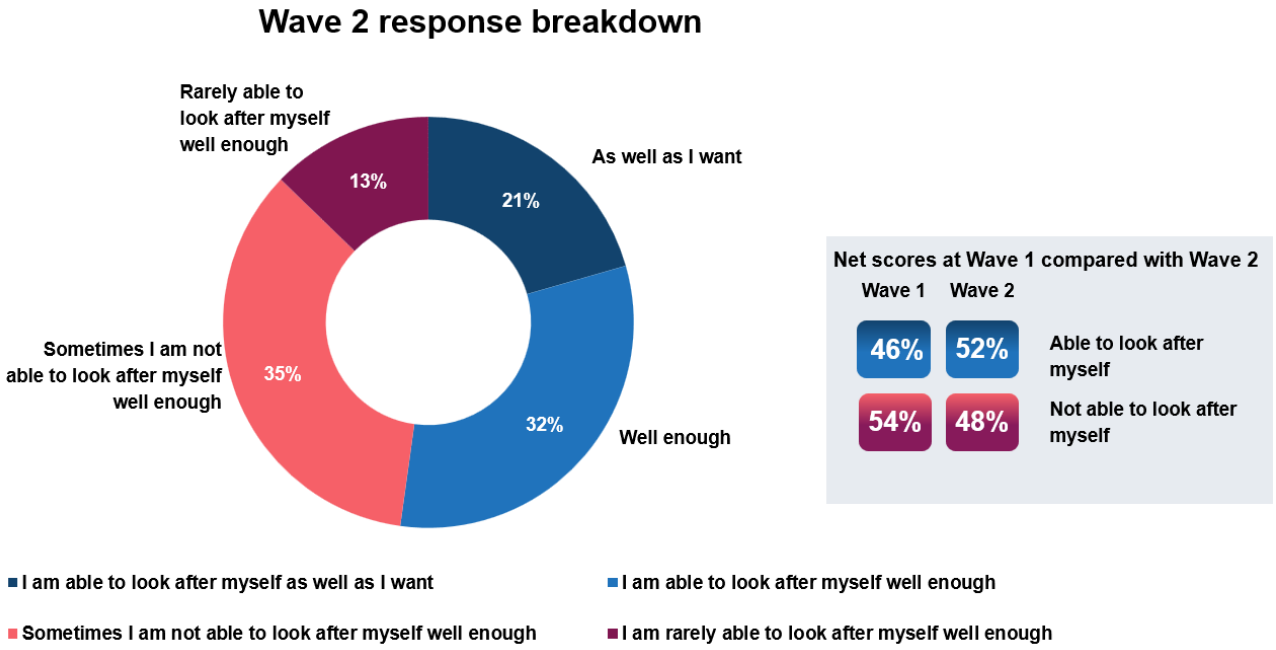
In line with the findings for other ASCOT-Workforce domains, worrying about work outside working hours is also more widespread among members of the workforce who are disabled (58% compared with 43% among those who are not) or have unpaid caring responsibilities (52% compared with 42% among those who do not).

Self-care

Participants were asked to think about looking after themselves at work and to select a statement which best describes how they feel. 'Looking after yourself at work' was defined as having time to take a comfort break and time to eat, drink and rest.

As shown in figure 3.9, over half of the ASC workforce (52%) say they are able to look after themselves at work, with over 1 in 5 (21%) saying they are able to look after themselves as well as they want - a 5 percentage point increase since wave 1. Just under half (48%) of the ASC workforce said they are not able to look after themselves at work, which again is an improvement since wave 1 (54%).

Figure 3.9: self-care at work (ASCOT_LOOK_6_W2: Thinking about looking after yourself at work, which of the following statements best describes how you feel?)



Base: all participants working in adult social care in England. Wave 2 (n=3,008). Wave 1 (n=7,233).

Looking at the differences by job role, personal assistants (63%) and occupational therapists (64%) stand out as those reporting higher than average levels of self-care at work (compared to 52% on average), while senior care workers are the least likely to say they are able to look after themselves at work (41%).

There are also important differences between types of service. Participants working in residential care are more likely to say they are not able to look after themselves (57% compared with 48% overall), and the proportion saying so is well beyond the level observed among those working in community (38%) and homecare services (43%).

Looking at type of employer, the pattern of responses is consistent with those for other domains: the highest proportion of people reporting that they are able to look after themselves at work is found among those employed by a local authority (63%) or an individual employer (73%), and the lowest among those employed by a private care provider (46%).

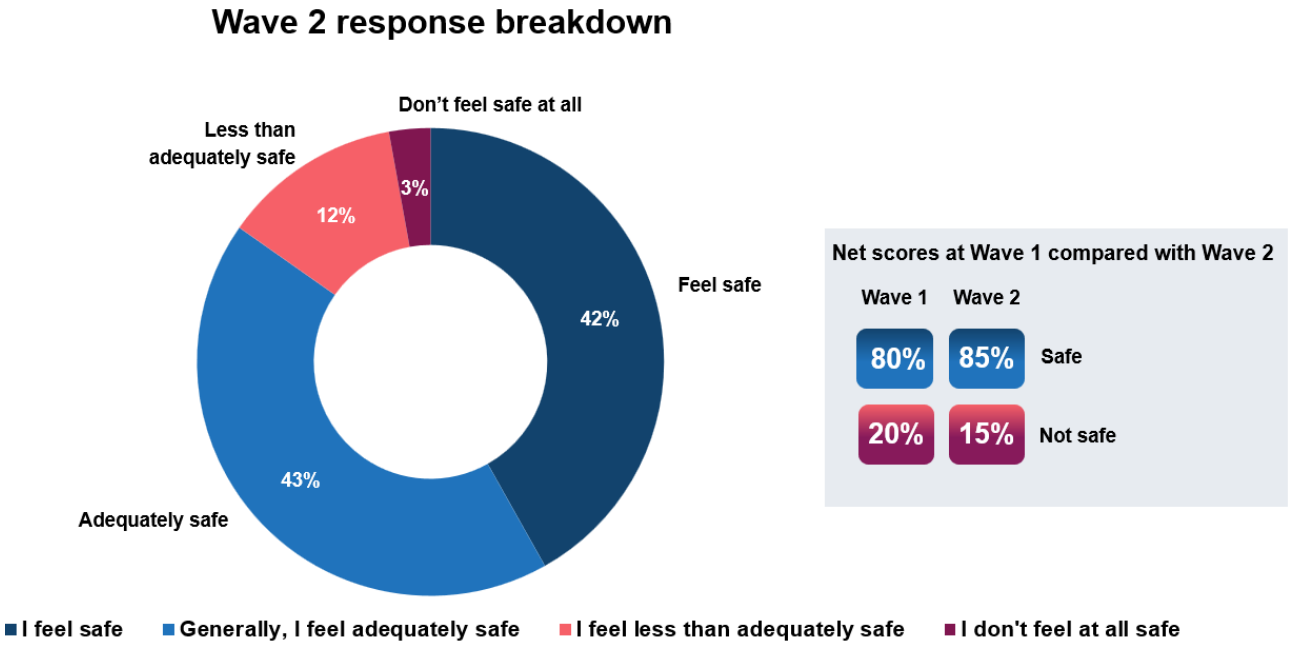
Disability and caring responsibilities make a difference: the proportion of people who report that they have time for self-care at work is significantly lower among members of the workforce who are disabled (36%, compared with 57% for those who are not) or have unpaid caring responsibilities (45% compared with 56% for those who do not).

Safety

Participants were asked how safe they feel at work. ‘Feeling safe at work’ was defined as how safe they felt doing their job and included fear of physical harm from tasks such as lifting and handling, risk of infection or physical abuse, and psychological harm such as verbal or emotional abuse.

As shown in figure 3.10, most of the ASC workforce (85%) feel safe at work. This has increased by 5 percentage points compared to wave 1 (80%). Over 2 in 5 (42%) say they feel safe, with a similar proportion (43%) saying they generally feel adequately safe. One in 7 (15%) say they do not feel safe at work. This has decreased by 5 percentage points compared with wave 1 (20%).

Figure 3.10: How safe participants feel at work (ASCOT_SAFE_7_W2: Which of the following statements best describes how safe you feel at work?)



Base: all participants working in adult social care in England. Wave 2 (n=3,008). Wave 1 (n=7,233).

Differences by job role show that feeling safe is most common among registered managers (95%) and occupational therapists (94%), and less common among people in direct care role (83%), and senior care workers in particular (79%).

Participants who are self-employed or independent (96%), and those employed by local authorities (92%) also report high levels of safety compared with the overall ASC workforce (85%) and people working for private care providers specifically (82%).

There are also significant differences between types of service: feeling unsafe is much more prevalent among people working in residential care (20%, including 23% for those working in nursing homes specifically) than among people working in homecare (10%) and in the community (9%).

Participants with a household income up to £25,999 are also more likely to say they feel unsafe at work (21%) than the ASC workforce average (15%), and so are disabled people (20%).

Reasons for feeling unsafe at work

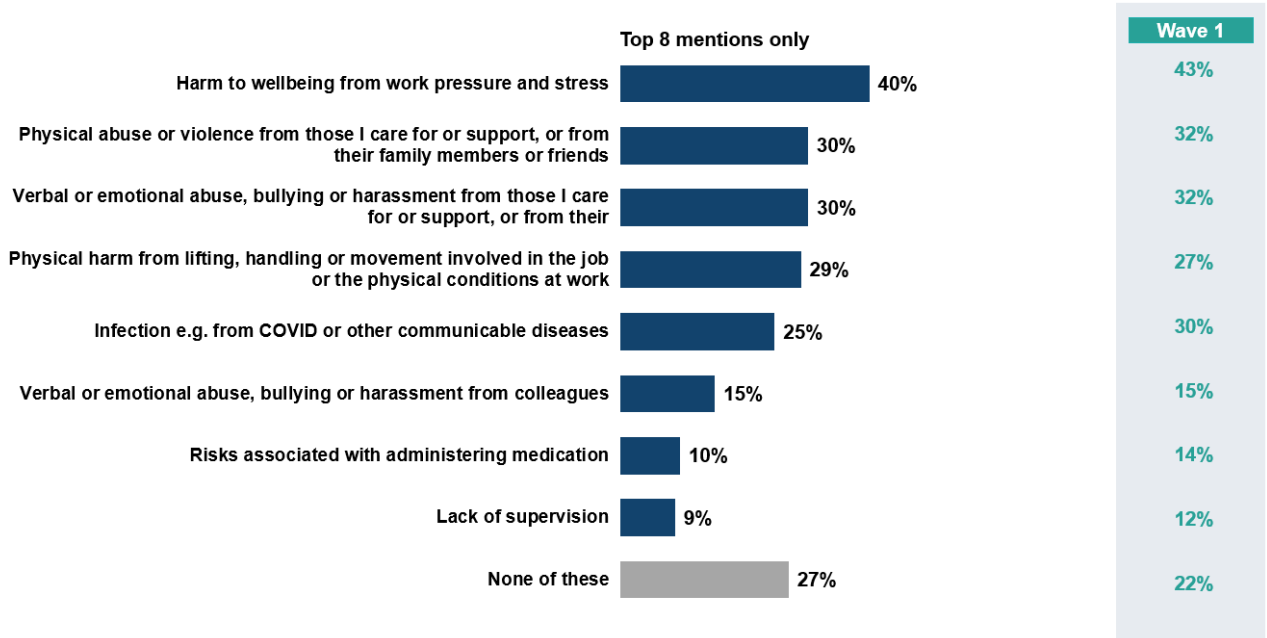
Regardless of their response to the ASCOT-Workforce domain on safety at work, participants were invited to consider a list of risks and asked which of them, if any, made them feel unsafe doing their job.

As shown in figure 3.11, the reason most frequently chosen for feeling unsafe is harm to wellbeing from work pressure and stress (40%), which is slightly lower than in wave 1 (43%). Other reasons cited by around a third of the ASC workforce are:

- verbal or emotional abuse, bullying or harassment from the people they care for and support or their family members and friends (30% compared with 32% at wave 1)
- physical abuse or violence from the people they care for and support or their family members and friends (30% compared with 32% at wave 1)
- physical harm from lifting, handling or movement involved in the job or the physical conditions at work (29% compared with 27% at wave 1)

One in 4 participants also cite the risk of infection from COVID-19 or other communicable diseases (25% compared with 30% at wave 1). Over a quarter of participants (27%) say that none of the risks listed make them feel unsafe doing their job, which again is an improvement compared with wave 1 (22%).

Figure 3.11: Reasons for feeling unsafe at work (ASCOT_SAFE_7_W2: Which of the following statements best describes how safe you feel at work?)



Base: all participants working in adult social care in England. Wave 2 (n=3,008). Wave 1 (n=7,233).

Harm to wellbeing from work pressure and stress is a reason more frequently mentioned by all those in regulated professions (52%, including 57% among social workers specifically), registered managers (45%) and people in other managerial and supervisory positions (50%).

Social workers are more likely than average to cite several different reasons for feeling unsafe at work:

- verbal or emotional abuse, bullying or harassment from those they care for or support or from their family members or friends (39% compared with 30% overall)
- verbal or emotional abuse, bullying or harassment from the general public (16% compared with 6% overall)
- lack of supervision (15% compared with 9% overall)

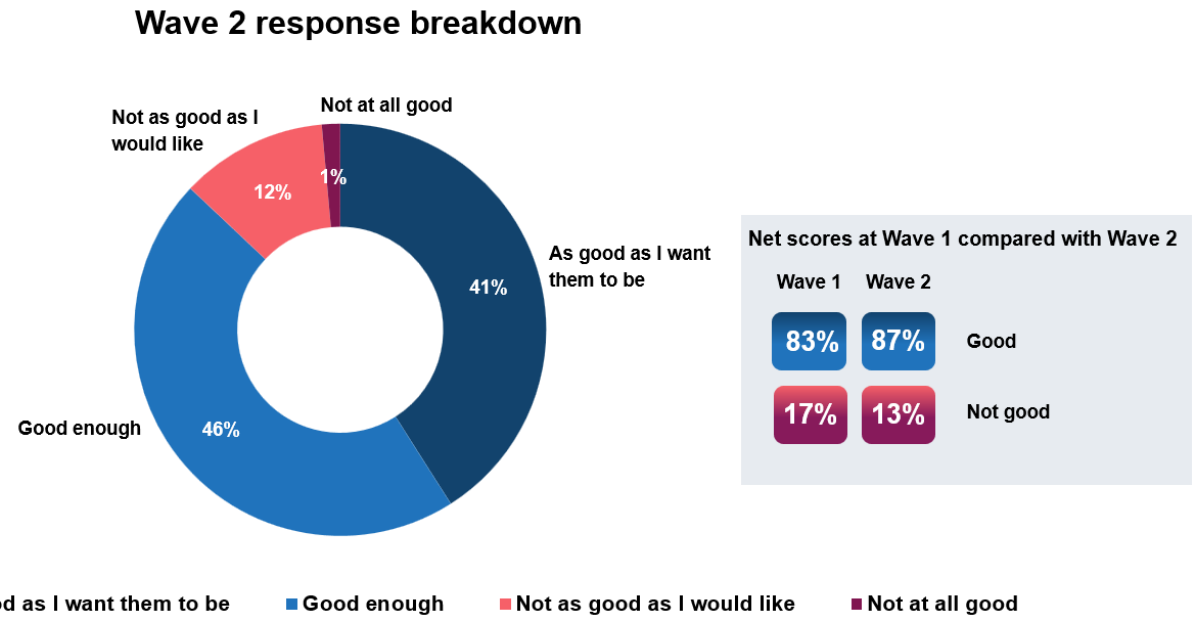
People working for an individual employer, those who are self-employed or independent, or employed by a local authority, are more likely than those employed by a care provider to say none of the risks listed in the question make them feel unsafe at work (44%, 34% and 31% respectively, compared with 23% among those employed by a care provider).

Professional relationships

Participants were asked about their professional relationships with colleagues and the people they work with such as family members and other health and social care professionals.

As shown in figure 3.12, almost 9 in 10 (87%) members of the ASC workforce say they have a good relationship with their colleagues and the people they work with. This includes 2 in 5 (41%) saying their professional relationships are as good as they want them to be. Around 1 in 8 say their professional relationships are not good (13% compared with 16% at wave 1), with 12% stating they are not as good as they would like them to be, and one per cent saying they are not good at all. These responses show an improvement since wave 1.

Figure 3.12: Professional working relationships with colleagues and people participants work with (ASCOT_PROF_REL_8_W2: Thinking about your professional relationships with colleagues or people you work with, which of the following statements best describes how you feel?)



Base: all participants working in adult social care in England. Wave 2 (n = 3,008). Wave 1 (n=7,233).

Across the different job roles, good professional relationships are most commonly reported by registered managers (93% compared with 87% overall), and personal assistants (92%), which is significantly higher than support or outreach workers (84%) and social workers (82%).

Looking at different types of services, participants working in homecare are more likely to report good professional relationships (92%) compared with the ASC workforce average (87%) and those working in residential care (84%).

Good working relationships with colleagues are also more commonly reported by people aged under 35 (92%), in contrast with those aged 35 to 54 (86%) and over 55% (84%). The vast majority of participants from Asian ethnic backgrounds reported that they have good relationships with colleagues (96%), which is higher than the ASC workforce average (87%), and also higher than people from White ethnic backgrounds (85%) and Mixed ethnic backgrounds (85%).

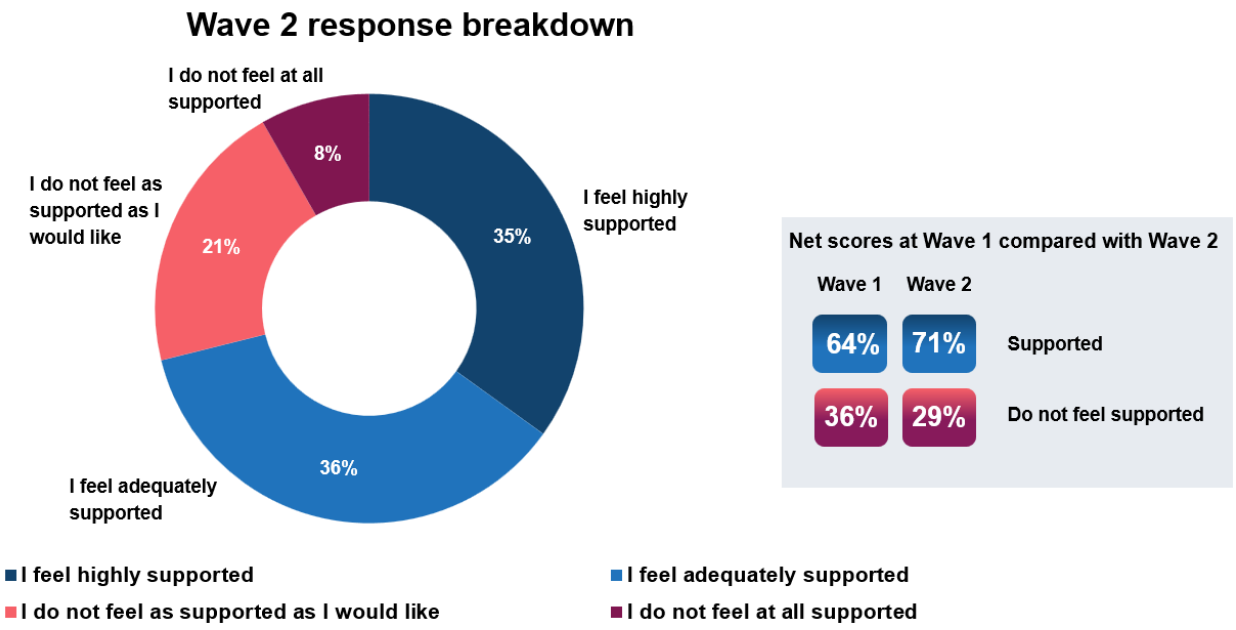
The vast majority of non-UK citizens (91%), and of people with a Health and Care Worker visa specifically (95%), report good professional relationships compared with 86% among UK citizens.

Having good professional relationships is slightly less common among members of the ASC workforce who are disabled (79% compared with 90% for those who are not) or have unpaid caring responsibilities (85% compared with 89% for those who don't).

Support in the role

As shown in figure 3.13, 7 in 10 members of the ASC workforce (71%) feel supported in their role, with 35% stating they feel highly supported and 36% saying they feel adequately supported. Supported means the extent to which they feel respected and encouraged by their manager or employer. Around 3 in 10 (29%) do not feel supported in their role, including 8% saying they do not feel supported at all. This is a significant improvement from wave 1, where 64% said they felt supported, while 36% said they did not feel supported.

Figure 3.13: How supported participants feel in their role (ASCOT_SUPP_9_W2: Thinking about how supported you are in your role, which of the following statements best describes how you feel?)



Base: all participants working in adult social care in England. Wave 2 (n=3,008). Wave 1 (n=7,233).

Registered managers (81%) and occupational therapists (80%) are the job roles most likely to say they feel supported in their role, while support or outreach workers (65%) and senior care workers (66%) are least likely to feel supported.

Reflecting the pattern observed for other ASCOT-Workforce domains, feeling supported at work is more common among those working in homecare (80%) and in community care

(78%), and less common among those working in residential care (65%, dropping to 60% among those working in nursing homes specifically).

Other sub-groups in the ASC workforce where there are significant differences include:

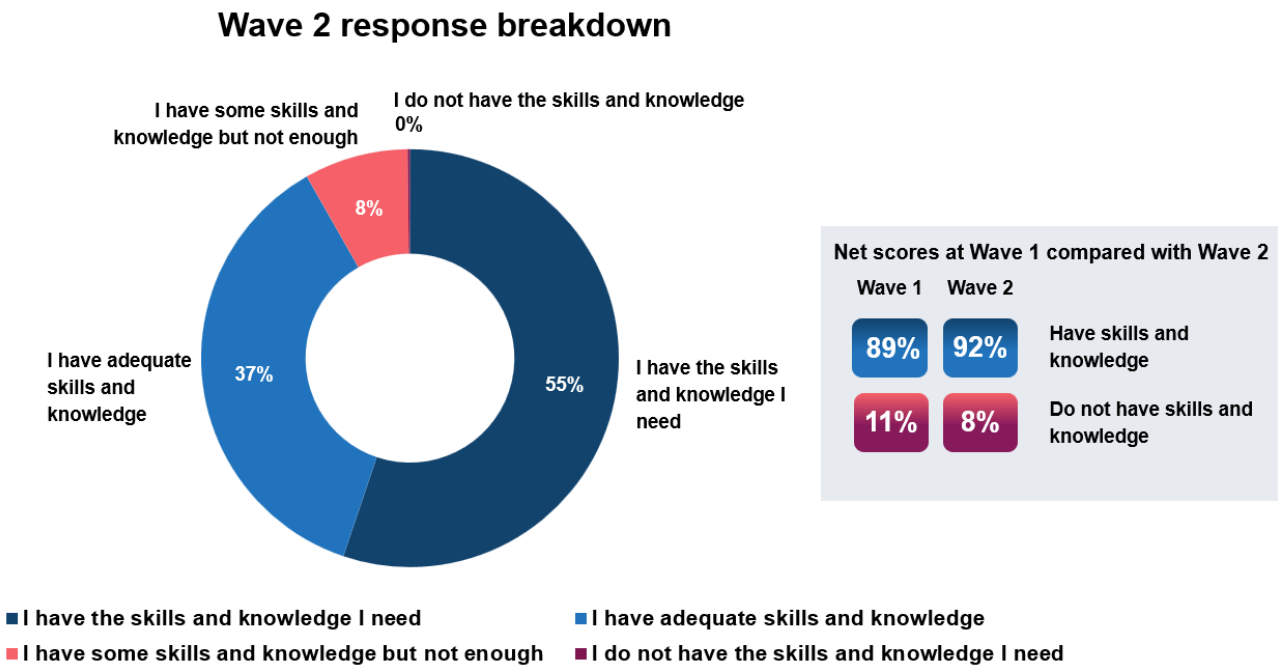
- people aged under 35 are more likely to say they feel supported (81% compared with 71% on average, and 64% of those aged 55)
- 4 in 5 people from Asian (83%) and Black (79%) ethnic backgrounds feel supported at work, which is higher than average (71%) and higher than people from White ethnic backgrounds (68%)
- those who also provide unpaid care are more likely to say they feel unsupported in their role (34% compared with 29% overall)
- feeling supported at work is also more common among non-UK citizens (79%) than among UK citizens (69%)

Competency

Participants were asked to think about the skills and knowledge they need to do their job well and which statement would describe how they feel. This included skills and knowledge obtained through training, education, personal or life experience and shadowing other colleagues.

As shown in figure 3.14, the majority of the ASC workforce (92%) feel they have all or some of the skills and knowledge they need to do their job well, including 55% saying they have the skills and knowledge they need (a 5 percentage point increase since wave 1). Around 1 in 12 (8%) say they have some skills and knowledge but not enough. This shows an improvement compared with wave 1.

Figure 3.14: Skills and knowledge (ASCOT_SKILLS_10_W2: Thinking about the skills and knowledge you need to do your job well, which of the following statements best describes how you feel now?)



Base: all participants working in adult social care in England. Wave 2 (n=3,008). Wave 1 (n=7,233).

Nearly all (95%) of registered managers say they have the skills and knowledge they need. This is higher than the overall ASC workforce (92%), and higher than other job roles such as social workers (89%) and occupational therapists (86%). The job role most likely to report not having all the required skills and knowledge are occupational therapists (14% compared with 8% overall).

Participants employed by local authorities are also more likely to say they do not have all the required skills and knowledge for their role (11%), compared with the ASC workforce overall (8%) and those employed by care providers (7%).

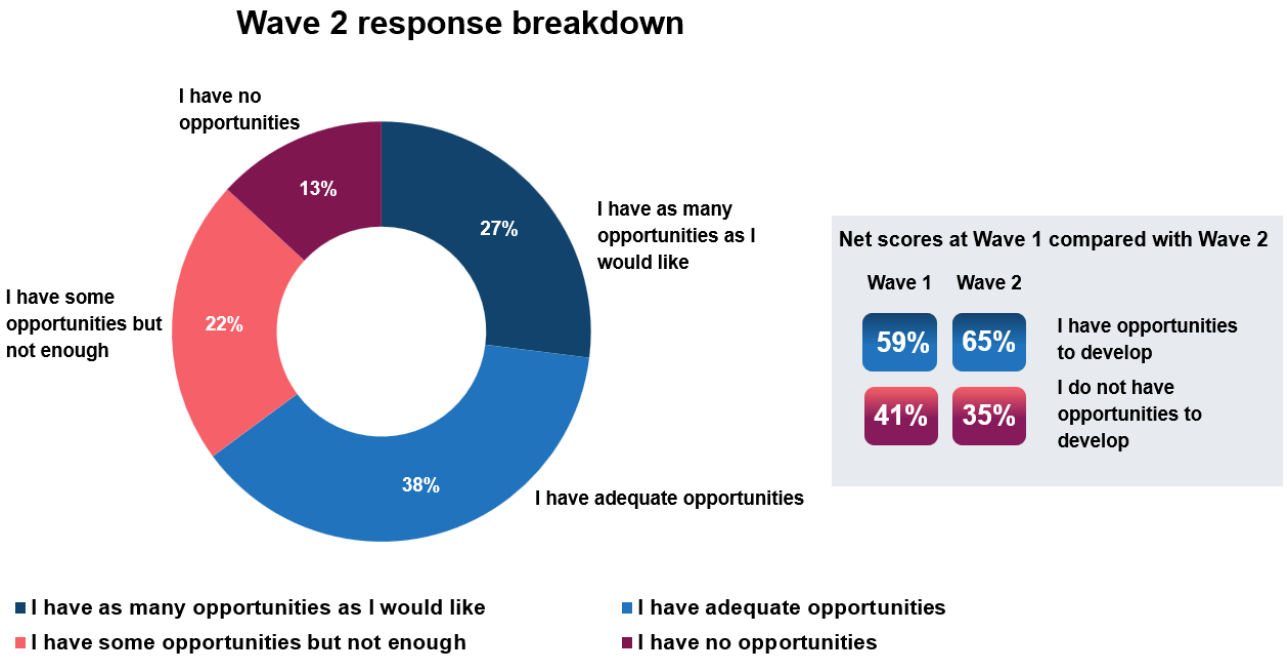
Having some skills and knowledge but not enough is more common among participants who have been in their role for up to 12 months: 20% of them say so, compared to 8% among those who have been in their role for one to 5 years, 7% among those in their role for 5 to 10 years, and 5% among those in their role for more than 10 years.

Career pathway

Participants were asked to think about the opportunities they have to develop and progress in social care. As shown in figure 3.15, two-thirds (65%) say they have

opportunities to develop, with over a quarter stating they have as many opportunities as they would like (27%, a 5 percentage point increase since wave 1), and just under 2 in 5 (38%) saying they have adequate opportunities. Over a third (35%) say they do not have adequate opportunities to develop and progress, within this 22% of the ASC workforce say they have some opportunities but not enough (25% at wave 1), and over 1 in 8 (13%) say they have no opportunities. These figures show a significant improvement since wave 1.

Figure 3.15: Opportunities to develop and progress in social care (ASCOT_ASP_11_W2: Thinking about the opportunities you have to develop and progress in social care, which of the following statements best describes how you feel?)



Base: all participants working in adult social care in England. Wave 2 (n=3,008). Wave 1 (n=7,233).

Personal assistants are most likely to say they do not have opportunities to develop (52%, including 29% who say they have no opportunities) compared to all other ASC job roles (35% on average), while registered managers and people in care-related managerial roles most commonly say they have development opportunities (73% and 78% respectively compared with 65% overall).

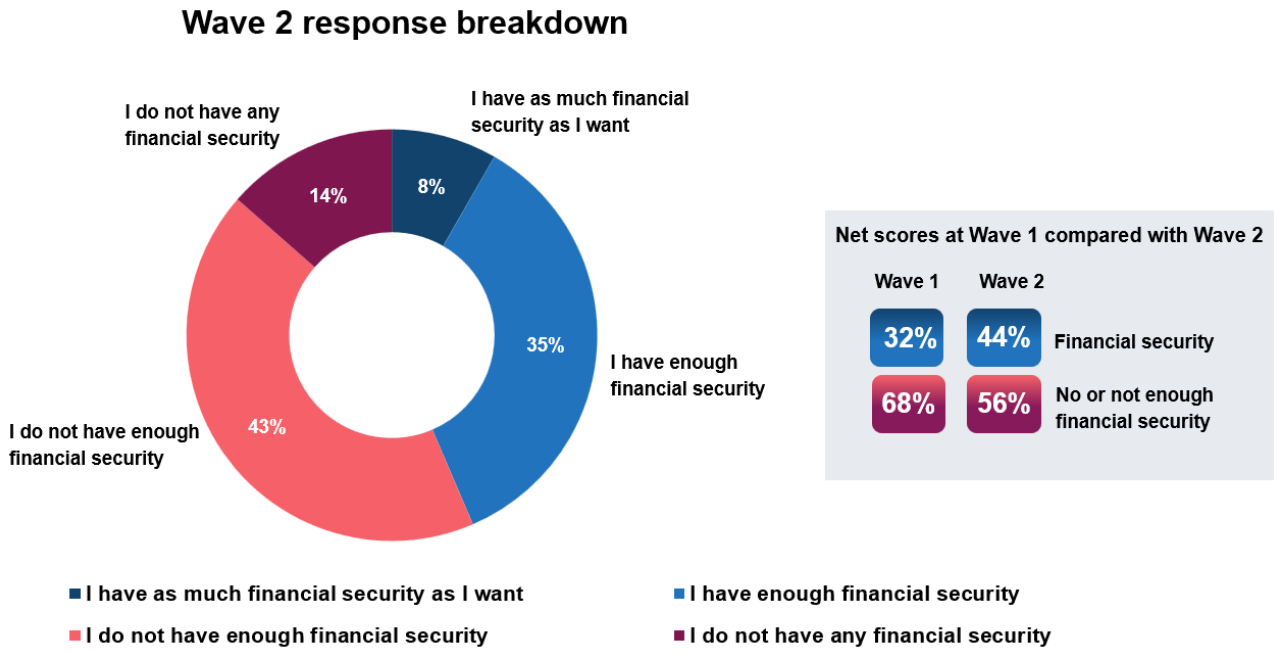
Related to the difference observed for personal assistants, people who are employed by an individual employer are also much more likely to say they do not have enough opportunities to develop (54%) compared with the ASC workforce average (35%).

Financial security

Participants in the survey were asked which statements best described their financial security. Financial security was defined as whether their household income meets their needs and the needs of dependents. Participants were asked to think about their pay and other benefits they may receive, such as pension or sick pay.

As shown in figure 3.16, lack of financial security is very common: over half (56%) of the ASC workforce state they do not have financial security, with around 2 in 5 (43%) saying they do not have enough financial security and 14% stating they do not have any financial security. Over 2 in 5 members of the ASC workforce (44%) say they are financially secure, with 8% saying they have as much financial security as they want and around a third (35%) have enough financial security. This is a significant improvement from wave 1, where 32% of the ASC workforce said they were financially secure and almost 7 in 10 (68%) said they did not have financial security.

Figure 3.16: Financial security (ASCOT_INCOME_12_W2: Thinking about your financial security which of these statements best describes how you feel?)



Base: all participants working in adult social care in England. Wave 2 (n=3,008). Wave 1 (n=7,233).

Reporting financial security is more common among occupational therapists (72%), registered managers (60%), those in care-related managerial roles (54%), those in regulated professions (56%), and those employed by local authorities (58%). These groups are more likely to report financial security than the workforce average (44%) and people in direct care roles (40%) in particular.

People working in community services are more likely than any other services to report having financial security (57%).

Turning to demographics, lack of financial security is more common than average (56%) among members of the workforce who have unpaid caring responsibilities (63%), are disabled (70%), aged 35 to 54 (62%), or living in a household with an annual income of up to £25,999 (69%).

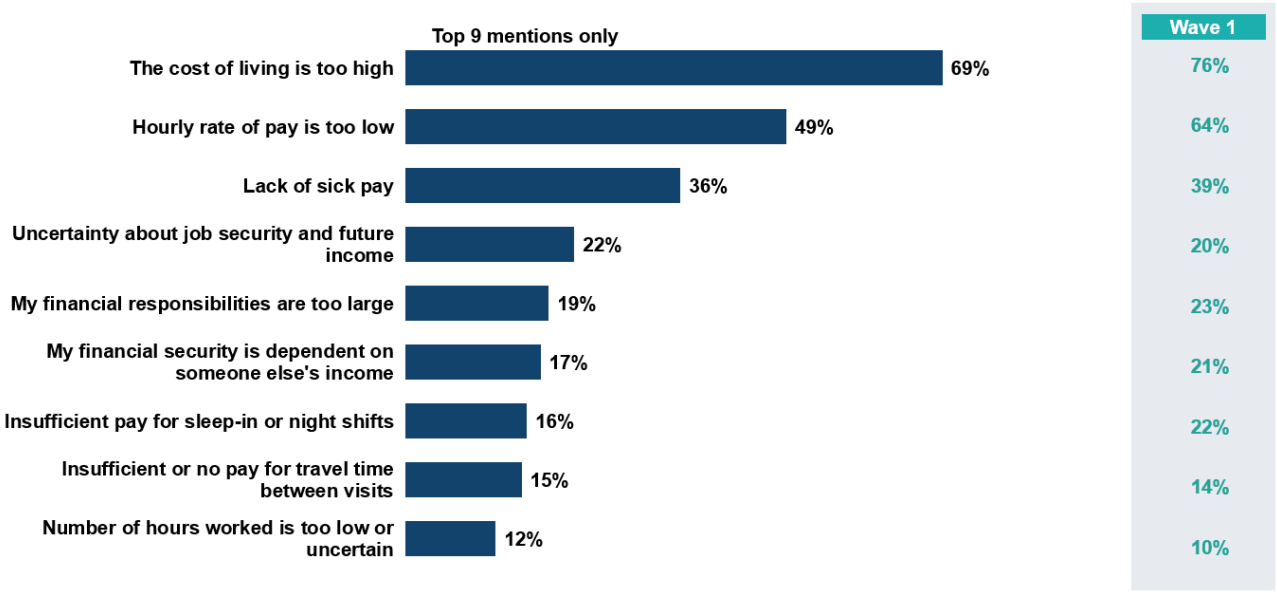
Financial circumstances

Participants were asked a follow up question to help identify possible causes of financial insecurity. The question was asked to all, including those who reported having financial security.

As shown in figure 3.17, around 7 in 10 (69%) of the ASC workforce feel the cost of living is too high and about half (49%) say their hourly rate of pay is too low. This is a significant improvement on wave 1, where 76% said the cost of living was too high and 64% said the hourly rate of pay was too low.

Around a third (36%) of the ASC workforce also report lack of sick pay, and 1 in 5 (22%) are uncertain about their job security and future income. A similar proportion (19%) say their financial responsibilities are too large and 17% say their financial security is dependent on someone else's income. Other commonly mentioned financial challenges mentioned are insufficient pay for sleep-in and night shifts (16%) and insufficient or no pay for travel between visits (15%). Most of these reasons were more frequently mentioned at wave 1. One in 10 (9%) do not face any of the issues listed in the question, which again is an improvement on wave 1 (6%).

Figure 3.17: financial circumstances (ASCOT_INCOME_12_FOLLOW_W2: Which of these, if any, apply to you?)



Base: all participants working in adult social care in England. Wave 2 (n=3,008). Wave 1 (n=7,233).

Looking across different job roles, people in direct care roles are more likely to mention the hourly rate of pay is too low (54%) compared with the average (49%). Lack of sick pay is very commonly reported by nurses, nursing associates and allied healthcare professionals (61%, far more than the workforce average at 36%) and personal assistants (47%), who are also more likely to report lack of paid holiday (22% compared with 8% on average).

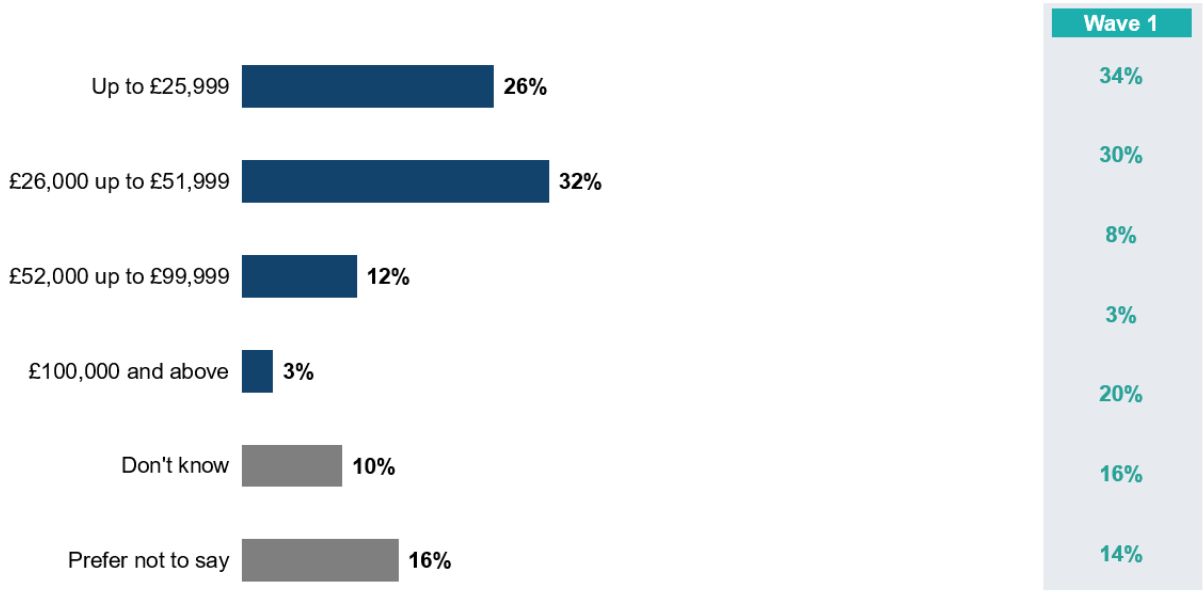
Differences by type of service and employer reflect well-known challenges. For example, people working in homecare, supported living, live-in care or extra care housing more commonly mention insufficient pay or no pay for travel time between visits (24% compared with 15% on average), and insufficient pay for sleep-in or night shifts (19% compared with 16% on average). People who are employed by an individual employer frequently mention that the hourly rate of pay is too low (63% compared with 49% on average) and uncertainty about job security and future income (36% compared with 22% on average). Lack of sick pay is more prevalent among those employed by a private care provider (42%) and those who are self-employed/independent (57), compared with the average (36%).

Being disabled, and/or having unpaid caring responsibilities, also affect the pattern of responses, with many issues more commonly selected by members of the workforce who are disabled or unpaid carers (hourly rate of pay too low, insufficient pay for sleep-in or night shifts, lack of sick pay, employer not contributing (enough) to pension, financial security dependent on someone else's) than those who are not.

Annual household income

Participants in the survey were also asked to provide their annual household income, for analysis purposes. As shown in figure 3.18, just over 1 in 4 (26%) have a household income of up to £25,999. Around a third (32%) of the workforce have an annual household income of £26,000 up to £51,999, while 1 in 8 (12%) have a household income of £52,000 up to £99,999, and 3% have a household income of £100,000 or above. A quarter of participants preferred not to answer the question or said they did not know their household income (16% and 10% respectively). These proportions are in line with wave 1 results, with a decrease in the number of people who earn up to £25,999 (34% at wave 1 compared with 26% at wave 2).

Figure 3.18: annual household income (R27_M_HHINCOME_W2: What is the total annual income of your household as a whole (earned by all members of your household), from all sources before tax - including benefits, savings and so on?)



Base: all participants working in adult social care in England. Wave 2 (n=3,008). Wave 1 (n=7,233).

Participants working in direct care roles are most likely to live in a household with an annual income of up to £25,999 (31% compared with 26% overall) or £26,000 to £51,999 (30%). The most common household income bracket for social workers and occupational therapists is £52,000 to £99,999 (mentioned by 26% and 42% respectively). For nurses, nursing associates and AHPs, and registered managers, the most common household income group is £26,000 to £51,999 (mentioned by 49% and 37% respectively). One in 12 occupational therapists (8%) and registered managers (9%), and 1 in 10 people in care-related managerial role (10%) live in a household with an annual income of over £100,000 (compared with 3% overall).

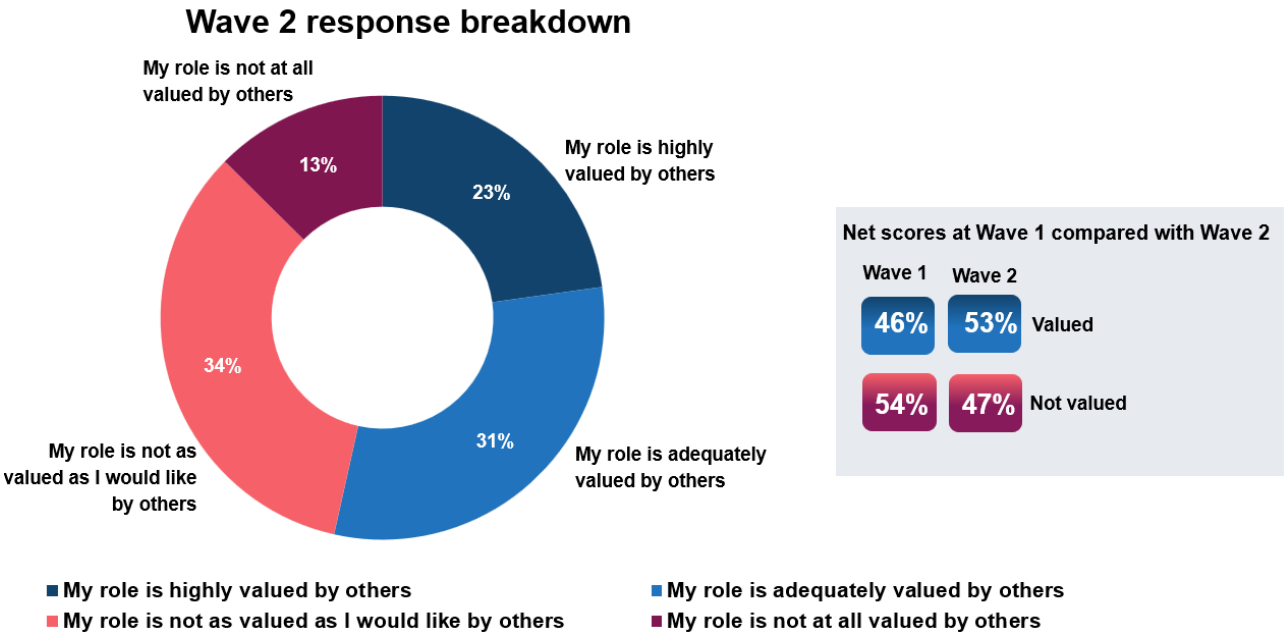
People with an overall ASCOT Workforce score of 0 to 19 are more likely than average to report an annual household income of up to £25,999 (35% compared with 26%), while those with a score of 30 to 39 are less likely to be in the lowest income group (18%).

Feeling valued

Participants were asked to think about their role in social care and how much other people value their role. They were asked to think about the public, people they know, and the views expressed in the media.

As shown in figure 3.19, just over half (53%) say their role is valued, including around a quarter (23%) saying their role is highly valued. Just under half of the ASC workforce (47%) say their role is not valued, with 13% saying their role is no valued at all by others. This reflects an improvement compared to wave 1, where 46% said they felt valued and 54% did not feel valued.

Figure 3.19: feeling valued (ASCOT_VALUE_13_W2: Thinking about how your role in social care is valued by other people, which of the following best describes how you feel?)



Base: all participants working in adult social care in England. Wave 2 (n = 3,008). Wave 1 (n=7,233).

The job role where people are least likely to feel valued is social workers, with over half (55%) of them saying their job is not valued, which more than any other job role. The most frequently chosen response by social workers is that their role is not as valued as they would like it to be (44%). Personal assistants are also more likely to say their role is not

valued (54%) compared with 39% of occupational therapists and 40% of registered managers. In contrast, 3 in 5 (60%) of registered managers feel their role is valued, the highest out of all job roles.

Feeling valued varies by length of time in role: 70% of people who have been in their role for up to 12 months feel valued, and 62% of those who have been in their role for one to 5 years, as opposed to 40% of those who have been in their role for 5 to 10 years and 48% of those in their role for more than 10 years.

Differences on feeling valued are also found by demographics:

- age: around 3 in 5 (61%) of people aged under 35 feel they are valued compared with 50% of 35 to 54 year olds and 53% of those aged 55 and over

- being disabled and having unpaid caring responsibilities make a difference: 41% of members of the ASC workforce who are disabled, and 48% of those who have unpaid caring responsibilities feel valued, as opposed to 58% of those who are not disabled and 56% of those without unpaid caring responsibilities

- ethnicity: almost 4 in 5 (78%) of people from an Asian ethnic background, and two-thirds (66%) of people from a Black ethnic background feel valued compared with under half (47%) of people from White ethnic backgrounds. Related to this, feeling valued is more common among non-UK citizens (65%) than among UK citizens (50%)

4. Experiences of physical violence, harassment, abuse and bullying

This chapter looks at incidents involving physical violence, harassment, bullying and abuse experienced by the ASC workforce during the 12 months prior to the survey. It considers incidents involving the people receiving care and support, their family members and friends, managers and other colleagues, as well as members of the public. In addition to measuring exposure, the survey explored reporting practices by asking whether the most recent incident experienced was reported by the participant, a colleague or both.

The wording of some questions was changed between waves 1 and 2. Wave 1 asked about incidents that were experienced or witnessed, whereas wave 2 only asked about incidents that were experienced. This means that cross-sectional comparisons of responses between wave 1 and wave 2 are not provided in this chapter (as the incidents being reported are not comparable).

The change to the type of incidents asked about was made to allow comparisons with the findings from the NHS Staff Survey, where similar questions are asked. To allow like-for-like comparisons with the NHS Staff Survey, 'don't know' and 'prefer not to say' responses have been excluded from the base when reporting on the prevalence of incidents experienced by the ASC workforce.

Summary findings

Experiencing physical violence from people cared for or supported is common when working in ASC: 41% of the workforce say they have experienced this at least once in the past year, which is more than NHS staff (14% have experienced physical violence from patients or service users, their relatives and other members of the public at least once). Comparisons are more nuanced when looking at groups of NHS staff whose work is more similar to the roles and responsibilities of the ASC workforce, for example nursing and healthcare assistants (35% have experienced physical violence from patients or service users, their relatives and other members of the public at least once), or registered nurses and midwives working in mental health (27% have experienced physical violence from patients or service users, their relatives and other members of the public at least once).

When physical violence is experienced, it usually gets reported: more than 4 in 5 people who have experienced physical violence say that it was reported (83%). This is higher than in the NHS (71%).

Harassment, abuse and bullying from people cared for or supported is also widespread: 39% of the ASC workforce say they have experienced this at least once in the past year. Again, this appears to be higher than in the NHS overall, where a quarter of staff (25%) said they experienced harassment, bullying or abuse at work from patients or service users, their relatives or other members of the public in the last 12 months. However this is aligned with the prevalence reported by registered nurses and midwifes working in mental health (38%), and by nursing and health care assistants (37%) in the 2024 NHS staff survey, for harassment, bullying or abuse at work from patients or service users, their relatives and other members of the public.

Physical violence, harassment, abuse and bullying from other sources are less prevalent.

Harassment, abuse and bullying incidents get reported, but less so than incidents involving physical violence: 68% of the ASC workforce say their last incident got reported.

Some groups are more likely to experience incidents involving physical violence, or harassment, abuse or bullying. They typically include people working in residential care, those with a low household income, those who are disabled or have unpaid caring responsibilities.

Participants who have experienced physical violence, harassment, abuse or bullying in the workplace over the last 12 months have a lower ASCOT-Workforce mean score (meaning they have a lower CWRQoL overall) than those who have not, and this is the case for all sources of physical violence, harassment, abuse or bullying.

Longitudinal analysis shows that experiences of physical violence, harassment, abuse and bullying are somewhat persistent over time, with those reporting frequent experiences at wave 1 very likely to also do so at wave 2. Experiencing or witnessing physical violence, harassment, abuse and bullying from the people cared for and supported at wave 1 is associated with a higher likelihood of changing employer or leaving the ASC sector at wave 2.

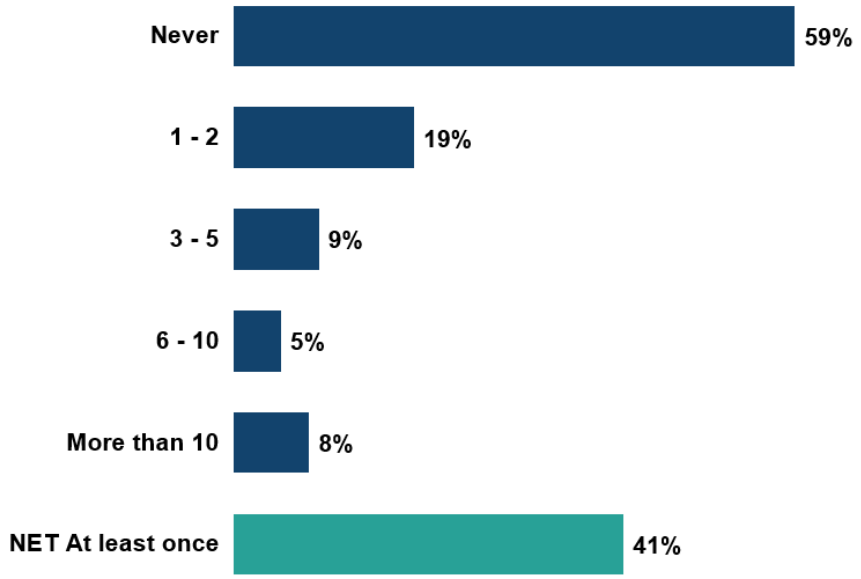
Experience of physical violence from people cared for or supported

Participants were asked how many times over the last 12 months they have personally experienced physical violence from the people they care for or support while working in ASC.

As shown in figure 4.1, 2 in 5 (41%) say they have personally experienced this at least once, and over half of those have experienced it 3 times or more (22%). Three in 5 say they never experienced this (59%). These findings are broadly in line with those from the ASCOT follow-up question which asked people what make them feel unsafe, where 3 in 10 members of the ASC workforce (30%) selected the answer code 'physical abuse or violence from those I care for or support, or from their family members or friends'.

Comparisons with the 2024 NHS Staff Survey shows a markedly lower prevalence of physical violence from patients and service users in the NHS than in the ASC sector. Nationally, 14% of NHS staff reported experiencing physical violence from patients or service users, their relatives and other members of the public at least once over the last 12 months prior to the survey (compared with 41% in ASC, just for violence from people cared for or supported), including 5% experiencing it 3 times or more (compared with 22% in ASC, from people cared for or supported). However, when looking at specific groups of NHS staff whose work is more similar to the roles and responsibilities of the ASC workforce, comparisons are more nuanced: 35% of nursing and healthcare assistants in the NHS reported experiencing physical violence from patients or service users, their relatives and other members of the public at least once over the last 12 months prior to the survey, and so did 27% of registered nurses and midwives working in mental health.

Figure 4.1: experiences of physical violence from people cared for or supported over the last 12 months (QPHY_VIO_W2_A: In the last 12 months how many times have you personally experienced physical violence while working in adult social care, from the people you care for or support?)



Base: all participants working in adult social care in England ('don't know' and 'prefer not to say' responses excluded from base) (n=2,962).

Important sub-group differences include:

- job roles: experiencing violence from people cared for or supported is relatively low among occupational therapists (8% have experienced it at least once over the last 12 months), social workers (13%), and personal assistants (20%) and much more prevalent than average (41%) among registered nurses, nursing associates and AHPs (54%), senior care workers (53%), and care workers or assistant care workers (47%)

- type of service: physical violence is much more prevalent in residential care (59% of participants have experienced it at least once) than in homecare (29%). One in 6 people working in residential care have experienced physical violence more than 10 times over the last 12 months (16%, which is twice the ASC workforce average of 8%)

- type of employer: experiencing physical violence from people cared for or supported is also much more common among those employed by a care provider (47% have experienced it at least once over the last 12 months) than among those employed by a local authority (21%)

- disability: half of disabled members of the ASC workforce (50%) say they have experienced physical violence from people cared for or supported at least once, compared with just over a third of non-disabled people (37%)

Participants who have experienced physical violence from the people they care for or support at least once over the last 12 months have a lower ASCOT-Workforce mean score (22.5) than those who have never experienced this (26.8). This means they have a lower CWRQoL overall. The same pattern is observed when looking at other sources of physical violence.

Experience of physical violence from other sources (not people receiving care or support)

Participants were also asked how many times over the last 12 months they have personally experienced physical violence from managers or team leaders, from other colleagues, from family members or friends of people they care for or support, and from members of the public.

As shown in figure 4.2, physical violence from these sources is less common than physical violence from people cared for and supported, but still not prevalent: 6% of the ASC workforce say they have experienced incidents of physical violence at least once from managers and team leaders over the last 12 months, and a similar proportion have experienced this from colleagues (7%). One in 10 report at least one incident of violence from family members and friends of people cared for and support (11%) and 8% report this from members of the public.

Physical violence from managers and colleagues in ASC settings is more common than in NHS settings, where it is extremely rare. For example, 99% of the NHS workforce reported never experiencing physical violence from managers, with only 1% experiencing it once or twice. Similarly, 98% of the NHS workforce reported never experiencing violence from other colleagues, and just 1% experienced it once or twice. Note that the NHS Staff Survey asked about 'managers' while the ASC Workforce Survey asked about 'managers and team leaders', so comparisons are indicative.

Figure 4.2: experiences of physical violence from other sources over the last 12 months (QPHY_VIO_W2_A: In the last 12 months how many times have you personally experienced physical violence [from these sources] while working in adult social care? Percentage reporting at least once)

Bases:

Physical violence from managers and team leaders: All working in ASC except personal assistants and those who are self-employed ('don't know' and 'prefer not to say' responses excluded from base) (n=2,756).

Physical violence from other colleagues: All working in ASC except personal assistants and those who are self-employed ('don't know' and 'prefer not to say' excluded from base) (n=2,758).

Physical violence from family members or friends of the people you care for or support: All working in ASC in England ('don't know' and 'prefer not to say' responses excluded from base) (n=2,974).

Physical violence from members of the public: All working in ASC in England ('don't know' and 'prefer not to say' responses excluded from base) (n=2,972).

The main sub-group differences observed are:

- job role: registered managers are the job role most likely to experience physical violence from family members or friends of people cared for or supported, with 19% of them experiencing it at least once within the last 12 months, as opposed to 11% on average and 7% for social workers and occupational therapists specifically. Related to these roles, incidents of physical violence are least common among people working in regulated professions, with 98% of them saying they have never experienced this during the last 12 months, whether from managers or team leaders, or colleagues (compared with 94% and 93% on average respectively)

- household income: reporting at least one incident of physical violence from managers, from other colleagues, or from family and friends of people cared for or supported, is more common than average among those with an annual household income of up to £25,999 (14% of those with a low household income report physical violence from managers, 14% of them report physical violence from other colleagues and 16% of them report physical violence from family and friends, compared with 6%, 7% and 11% for physical violence from each of these groups on average)

- ethnicity: reporting incidents of physical violence from family members or friends of people cared for and supported, and from members of the public, is more common among people from minority ethnic backgrounds (15% from family members and friends, and 11% from members of the public) than among people from White ethnic backgrounds (9%, and 6% respectively)

- disability and unpaid caring responsibilities: members of the workforce who are disabled and or have unpaid caring responsibilities are more likely than average to experience physical violence from colleagues (11% of them do), compared with the average (7%)

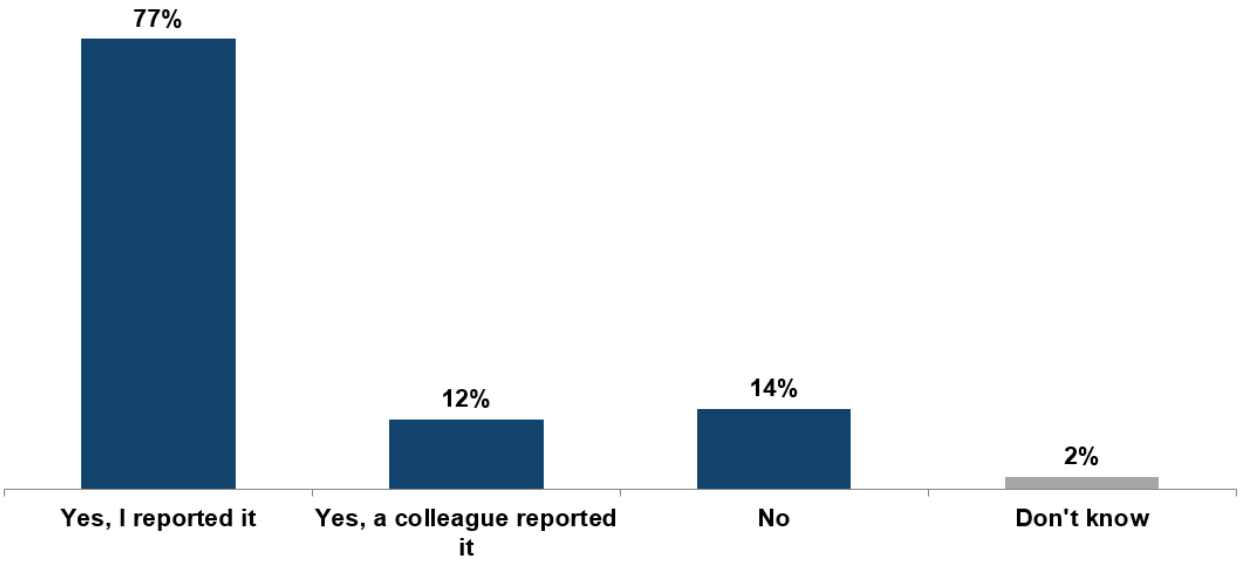
For each of these sources of physical violence, the ASCOT-Workforce mean score is lower for participants who experienced violence at least once over the last 12 months compared with participants who never experienced it.

Reporting incidents of physical violence experienced while working

When incidents of physical violence are experienced while working in ASC, they usually get reported, either by the person who experienced the incident (77% said they reported the last incident) and or by a colleague (12%). One in 7 (14%) say the incident was not reported, as shown in figure 4.3.

Reporting practices among the ASC workforce differ from those observed among NHS staff, with the ASC workforce more likely to say the last incident of physical violence they experienced was reported, by themselves and or a colleague (83% compared with 71% in the 2024 NHS Staff Survey).

Figure 4.3: reporting of incidents of physical violence experienced while working (QPHY_VIO_REPORT_W2: The last time you experienced physical violence while working, did you or a colleague report it?)



Base: all participants who experienced physical violence while working (prefer not to say responses excluded from base) (n=1,067).

Looking at sub-group differences, 9 in 10 support or outreach workers (89%) say they reported the last incident of physical violence they experienced which is more than the workforce average (77%). In contrast, just over half of social workers say they reported the last incident (53%), though social workers are also less affected than average by incidents of physical violence.

Differences are also observed by type of employer: those employed by a local authority are far less likely to say they reported the last incident of physical violence they experienced (66%), compared with those employed by care providers (80%) and with the workforce average (77%).

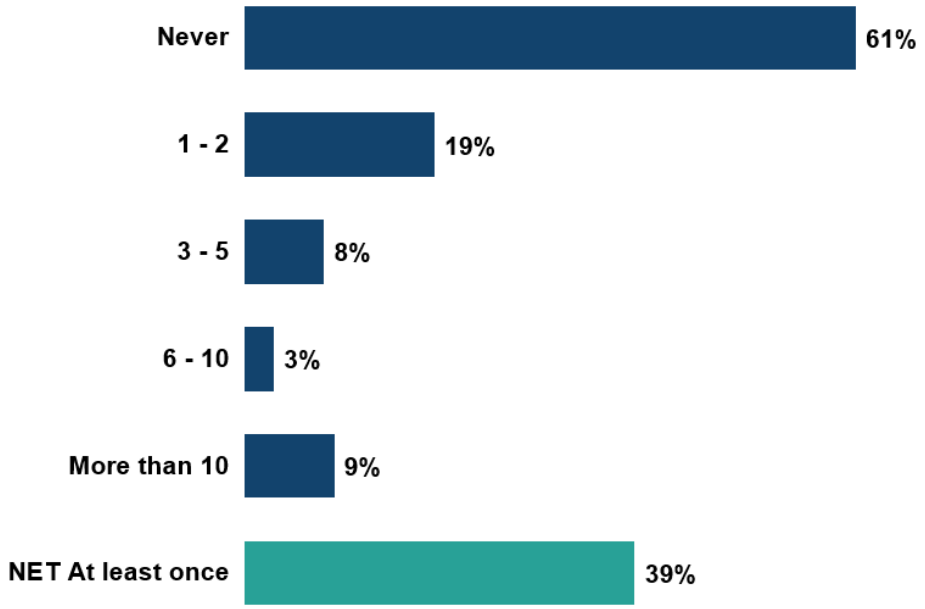
Experience of harassment, bullying or abuse from people cared for or supported

Participants were asked how many times in the last 12 months they had personally experienced harassment, bullying or abuse while working in ASC, from the people they care for or support. As shown in figure 4.4, nearly 2 out of 5 (39%) participants say they have experienced this at least once, including 9% who have experienced this more than 10 times. Earlier in the survey, when answering ASCOT-Workforce questions, 3 in 5 members of the ASC workforce who do not feel safe doing their job (59%) mentioned

verbal or emotional abuse, bullying or harassment from those they care for or support, or from their family members or friends, as a reason for feeling unsafe doing their job, showing the impact these situations have when they are experienced.

The 2024 NHS Staff Survey asked about harassment, bullying or abuse at work from patients or service users, their relatives or other members of the public. Nationally, three-quarters of NHS staff (75%) reported never experiencing harassment, bullying or abuse from these sources in the last 12 months, and a quarter (25%) said they experienced it at least once. Of those, only 3% said they experienced it more than 10 times. In line with the findings on physical violence, comparisons between ASC workforce and NHS staff are more nuanced when looking at specific groups of NHS staff whose work is more similar to the roles and responsibilities of the ASC workforce: 38% of registered nurses and midwives working in mental health, and 37% of nursing and healthcare assistants in the NHS reported that they experienced harassment, bullying or abuse at work from patients or service users, their relatives or other members of the public at least once over the previous 12 months.

Figure 4.4: experiences of harassment, bullying and abuse from people cared for or supported over the last 12 months (QHAR_BULL_A_W2: In the last 12 months, how many times have you personally experienced harassment, bullying or abuse while working in adult social care, from the people you care for or support?)



Base: all participants working in adult social care in England ('don't know' and 'prefer not to say' responses excluded from base) (n=2,963).

Looking at sub-group differences, experience of harassment, bullying or abuse from the people cared for or supported particularly affects team leaders or supervisors in a care-

related role (53% have experienced this over the last 12 months), more than average (39%) and more than personal assistants (19%), who are in the job role least likely to report such incidents.

Experiencing harassment, bullying and abuse from people cared for or supported is particularly common people working in residential care: 48% have experienced this at least once, compared with 39% on average. Related to this, it is higher among participants employed by care providers (43%) compared with those employed by local authorities (30%) or individual employers (18%).

Experiencing harassment, bullying and abuse from people cared for or supported more common among members of the workforce who are disabled (47% compared with 36% for those who are not), those who have unpaid caring responsibilities (43% compared with 37% for those who do not), and those with an annual household income of up to £25,999 (48% compared with 39% on average).

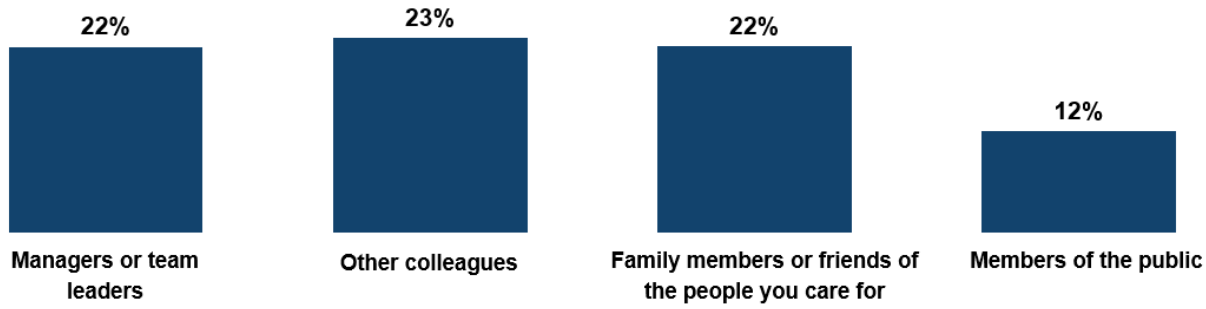
In line with the findings on physical violence, the ASCOT-Workforce mean score is lower among participants who have experienced harassment, bullying and abuse from the people they care for or support at least once over the last 12 months (22.3), compared with participants who have never experienced this (26.9).

Experience of harassment, bullying or abuse from other sources (not people receiving care or support)

Participants were asked how many times in the last 12 months they had personally experienced harassment, bullying or abuse while working in ASC from other sources (not people who are receiving care or support). As shown in figure 4.5, in the last 12 months, 22% of the ASC workforce have experienced harassment, bullying or abuse at least once from family members of friends of people they cared for or supported, 22% from managers and team leaders, 23% from other colleagues, and 12% from members of the public. Earlier in the survey, over a third of the ASC workforce mentioned verbal or emotional abuse, bullying or harassment from colleagues as a reason for feeling unsafe doing their job (36%).

In the 2024 NHS Staff Survey, 9% said they had experienced harassment, bullying or abuse at least once from managers, and 18% from other colleagues, in the last 12 months prior to the survey. This points to a lower level of harassment, bullying or abuse from managers in the NHS than in ASC, though the wording used in the ASC workforce survey included team leaders as well as managers, so comparisons are indicative.

Figure 4.5: experience of harassment, bullying and abuse from other sources over the last 12 months (QHAR_BULL_W2: In the last 12 months, how many times have you personally experienced harassment, bullying or abuse [from these sources] while working in adult social care? Percentage reporting at least once)



Bases:

From managers and team leaders: All working in ASC except personal assistants and those who are self-employed ('don't know' and 'prefer not to say' responses excluded from base) (n=2,734).

From other colleagues: All working in ASC except personal assistants and those who are self-employed (don't know' and 'prefer not to say' responses excluded from base) (n=2,748).

From family members or friends of the people you care for or support: All working in ASC in England ('don't know' and 'prefer not to say' responses excluded from base) (n=2,964).

From members of the public: All working in ASC in England ('don't know' and 'prefer not to say' responses excluded from base) (n=2,970).

Sub-group differences are similar to those observed for other types of harassment, bullying, abuse and violence:

- job role: harassment, bullying and abuse from colleagues is higher than average (23%) among nurses, nursing associates and AHPs (40% of them have experienced this at least once over the last 12 months). Some job roles commonly experience harassment, bullying and abuse from family members or friends of people cared for: half of team leaders or supervisors in care-related roles reported this (49%), as well as 2 in 5 registered managers (39%) and social workers (39%), compared with 22% on average

- type of service: harassment, bullying and abuse from manager and team leaders is higher than average among people working in residential care (27%, rising to 33% among those working in nursing homes specifically, compared with 22% on average). The same pattern is observed for harassment, bullying and abuse from colleagues (29% in residential care, rising to 31% in nursing homes specifically, compared with 23% on average). Three in 10 people working in nursing homes also say they have experienced harassment, bullying and abuse at least once from family members or friends of the people they support (30% compared with 22% on average) over the last 12 months

- disability and unpaid caring responsibilities: experiencing harassment, bullying or abuse is more common among members of the workforce who are disabled or have unpaid caring responsibilities, whether it is from manager and team leaders (33% and 29% compared with 22%), other colleagues (35% and 29% compared with 23% on average), or family and friends of people cared for or supported (29% and 26% compared with 22% for those who are not disabled or 21% for those who are not unpaid carers)

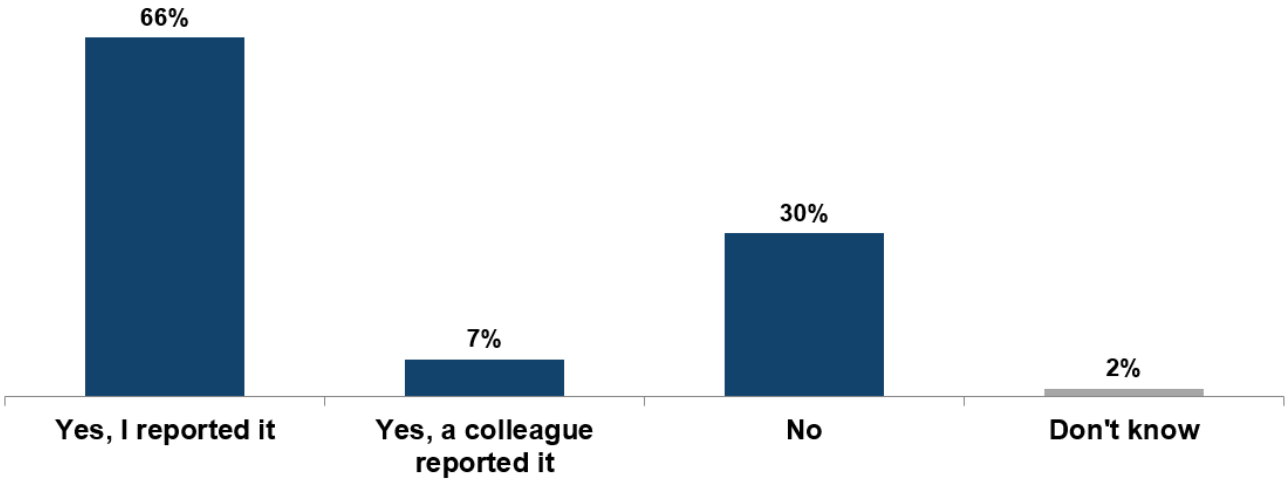
For each of these sources, participants who have experienced harassment, bullying or abuse at least once in the last 12 months have a lower ASCOT-Workforce mean score than those who have not experienced it. This means they have a lower CWRQoL overall.

Reporting incidents of harassment, bullying or abuse experienced while working

Participants were asked whether the last incident of harassment, bullying or abuse they had experienced while working had been reported. As shown in figure 4.6, two-thirds (68%) of those who have experienced such an incident during the last 12 months say that it was reported, by themselves (66%) and or by a colleague (7%). Three in 10 say their last experience of harassment, bullying or abuse was not reported (30%).

In line with the findings on the reporting of incidents of physical violence, comparisons with the 2024 NHS Staff Survey show a higher reporting of incidents among the ASC workforce, compared with the NHS: only 52% of the NHS workforce say the last incident of harassment, bullying or abuse they experienced was reported by themselves and or a colleague (compared with 68% in ASC), and 44% say it was not reported (compared with 30% in the ASC workforce).

Figure 4.6: reporting of incidents of harassment, bullying or abuse experienced while working (QHAR_BUL_REPORT_W2: The last time you experienced harassment, bullying or abuse at work did you or a colleague report it?)



Base: all participants who experienced harassment, bullying or abuse while working (prefer not to say responses excluded from base) (n=1,581).

Social workers (53%) and personal assistants (41%) are the job roles least likely to say that they or a colleague reported the last incident of harassment, bullying or abuse they experienced, far less than average (68%).

As for the reporting of incidents involving physical violence, people employed by a local authority are less likely than people working for a care provider to say they or a colleague reported the last incident of harassment, bullying or abuse they experienced (62% compared with 72%).

Reporting the last incident of harassment, bullying or abuse experienced is also more common among women (71%) than men (59%).

Longitudinal analysis: experience of physical violence, bullying and harassment over time and impact on retention

Analysis of longitudinal participants' responses shows those who experienced or witnessed physical violence in the 12 months before wave 1 are more likely to also report experiencing violence at wave 2. Among those who had experienced or witnessed physical violence from the people they cared for more than 10 times at wave 1 (unweighted base size of 93), 85% report experiencing violence at least once at wave 2. The proportion reporting experiencing violence at least once at wave 2 is lower among those who experienced or witnessed violence 1 to 10 times at wave 1 (60%), and substantially lower among those who said they had never experienced or witnessed

violence at wave 1 (21% of them say at wave 2 that they experienced physical violence at least once during the last 12 months). This suggests that experiences of physical violence from people cared for or supported are persistent. It also reflects the variation in prevalence of incidents by job role and setting, with most people in the longitudinal sample continuing to work in the same job or type of job role as at wave 1.

A very similar pattern is observed for harassment, bullying, and abuse. Those who reported experiencing or witnessing harassment, bullying, or abuse from the people they cared for or supported in the 12 months before the wave 1 survey are more likely to report experiencing it at wave 2. Among those who experienced or witnessed harassment, bullying, or abuse more than 10 times at wave 1 (unweighted base size of 103), 77% report experiencing it at least once at wave 2. This proportion is lower among those who experienced or witnessed it 1 to 10 times at wave 1 (58%), and lower still among those who never experienced it at wave 1 (25%).

Notably, those who experienced or witnessed high levels of physical violence and/or bullying, abuse, or harassment at wave 1 are considerably more likely to continue experiencing them at a high frequency at wave 2. Among those who experienced or witnessed physical violence from the people they cared for more than 10 times at wave 1, 29% report experiencing it more than 10 times again at wave 2, compared with just 10% of the overall longitudinal sample. Similarly, 30% of those who experienced or witnessed harassment, bullying, or abuse more than 10 times at wave 1 report experiencing it at the same frequency at wave 2, compared with 10% of the longitudinal sample workforce overall. This shows that a proportion of the workforce face persistently high levels of violence, bullying and harassment over time.

In addition, those who had never experienced or witnessed physical violence or harassment, bullying, and abuse from the people they cared for and supported at wave 1 are more likely to report that they have not experienced these in the 12 months before wave 2. Among those who had never experienced or witnessed physical violence from the people they cared for and supported at wave 1, 79% report no physical violence in the 12 months before wave 2, compared with 54% of the overall longitudinal sample. Similarly, 75% of those who had never experienced or witnessed harassment, bullying, or abuse from the people they cared for and supported at wave 1 report none at wave 2, compared with 56% overall.

Although most were still the same role at wave 2, among longitudinal participants, experiences of physical violence at wave 1 are associated with a higher likelihood of changing organisation or employer or leaving the ASC workforce entirely.

Participants who experienced or witnessed physical violence from the people they cared for or supported are more likely to have changed organisation or employer since wave 1 compared with those who had never experienced or witnessed such violence: 19% of

those who experienced or witnessed violence more than 10 times have changed employer, compared with 9% of those who had never experienced physical violence at wave 1. Additionally, participants who had experienced or witnessed physical violence at least once are more likely to have left the adult social care sector entirely compared with those who had not (7% versus 3%).

Similar patterns are observed for harassment, bullying, or abuse. Participants who had experienced or witnessed such behaviours from the people they cared for at wave 1 are more likely to have left the sector at wave 2 than those who had not (7% compared with 4%).

5. Learning and development

This chapter looks at the prevalence and impact of appraisals, performance or development reviews among the ASC workforce, and the opportunities available to them to develop their knowledge, skills and careers. Questions about learning and development were taken from the NHS Staff Survey.

Summary findings

Around 7 in 10 members of the ASC workforce (69%) say they had an appraisal, annual review or development review during the 12 months prior to the survey - an 8 percentage point increase since wave 1 (61%). However, this remains lower than the comparable figures from the 2024 NHS Staff Survey (85%).

Looking at the impact of appraisals, there have been marked improvements since wave 1. Just over 3 in 5 members of the ASC workforce who had an appraisal or review over the last 12 months agree that it has helped them agree clear objectives for their work (61%) and that it left them feeling valued (62%), compared with just half at wave 1 (51% for each statement). Half agree that their appraisal has helped them to improve how they do their job (52%, compared with 42% at wave 1).

Compared with wave 1, the ASC workforce is also more positive regarding the opportunities available to them to develop their knowledge, skills and careers. Two-thirds agree that they have opportunities to improve their knowledge and skills (66% compared with 56% at wave 1). Just under half agree that they feel supported to develop their potential (49% compared with 39% at wave 1) or that there are opportunities for them to develop their career in their organisation or with their individual employer (47% compared with 39% at wave 1).

Attitudes vary by service type, and demographics. People working in homecare are more positive than average about the impact of appraisals (for those who had one over the last

12 months), and about the learning and development opportunities available to them. The same pattern is observed among members of the workforce aged under 35 (compared with those who are 35 and over), those from ethnic minority backgrounds (compared to those from a White ethnic background), those who are not UK citizens (compared with UK citizens).

The prevalence of appraisals is lower among members of the ASC workforce who are disabled (compared with those who are not) or have unpaid caring responsibilities (compared with those who do not). These groups also report lower level of agreement with the statements on the impact of appraisals, and with the learning and development opportunities available to them.

The job roles most positive about learning and development opportunities are people working in care-related managerial or supervisory positions, registered managers, and social workers. Personal assistants are far less positive.

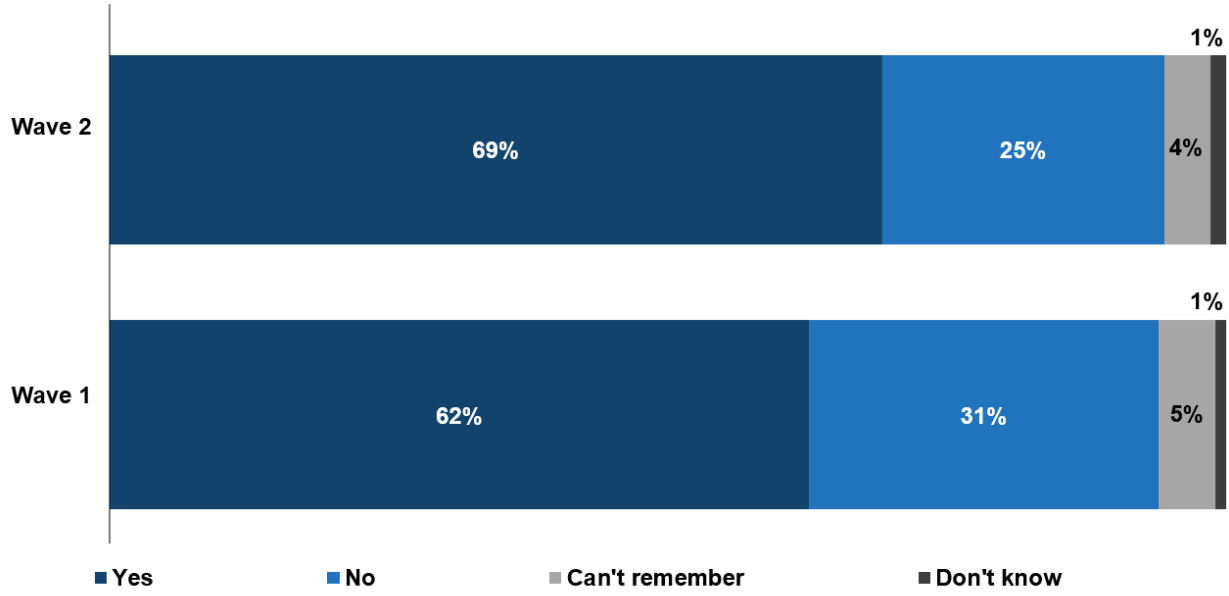
People who have had an appraisal or development review over the last 12 months, and those who agree with the statements on access to learning and development opportunities, report higher CWRQoL than those do not.

Appraisals, annual reviews and development reviews

Participants were asked whether they have had an appraisal, annual review or development review in the 12 months prior to the survey. This was defined as usually being with a line manager, or the person who employs them, to discuss performance and career development.

As shown in figure 5.1, around 7 in 10 participants (69%) say they have had an appraisal, annual review or development review in the last 12 months, while a quarter (25%) say they have not had any type of appraisal in the last 12 months. This has improved compared to wave 1, where 3 in 5 (62%) said they had an appraisal or development review in the last 12 months and 3 in 10 stating they had not had an appraisal (31% in wave 1).

Figure 5.1: proportion of the ASC workforce who have had an appraisal, annual review or development review in the last 12 months (QAPPRA_W2: In the last 12 months, have you had an appraisal, annual review, or development review?)



Base: all participants who work in adult social care in England and are not self employed or independent. wave 2 (n=2,901). wave 1 (n=7,096).

However, this is lower than reported in the 2024 NHS Staff Survey, where almost 9 in 10 (85%) of NHS staff said that in the last 12 months they had an appraisal, annual review, development review or Knowledge and Skills Framework (KSF) development review - a wording not identical to but similar to the ASC workforce survey.

Looking across different job roles, occupational therapists are most likely (82% compared with 69% overall) to say they have had an appraisal in the last 12 months, jointly with support and outreach workers (76%), compared with the average (69%). Personal assistants are most likely to say they have not had an appraisal in the last 12 months (59% compared with 25% overall). These results are in line with the differences observed at wave 1.

Participants working in local authorities are also more likely to say they have had an appraisal in the last 12 months (79%) compared the workforce average (69%).

Other sub-groups that are more likely to say they have had an appraisal in the 12 months prior to the survey include:

- non-UK citizens (78% compared with 69% overall)
- people from minority ethnic backgrounds (76% compared with 69% overall)

Having had an appraisal in the 12 months prior to the survey is less common among disabled people (60% compared with 72% among those who are not) and people who have unpaid caring responsibilities (63% compared with 72% among those without unpaid caring responsibilities). Later in this section we will see that these 2 groups are also less positive about learning and development opportunities.

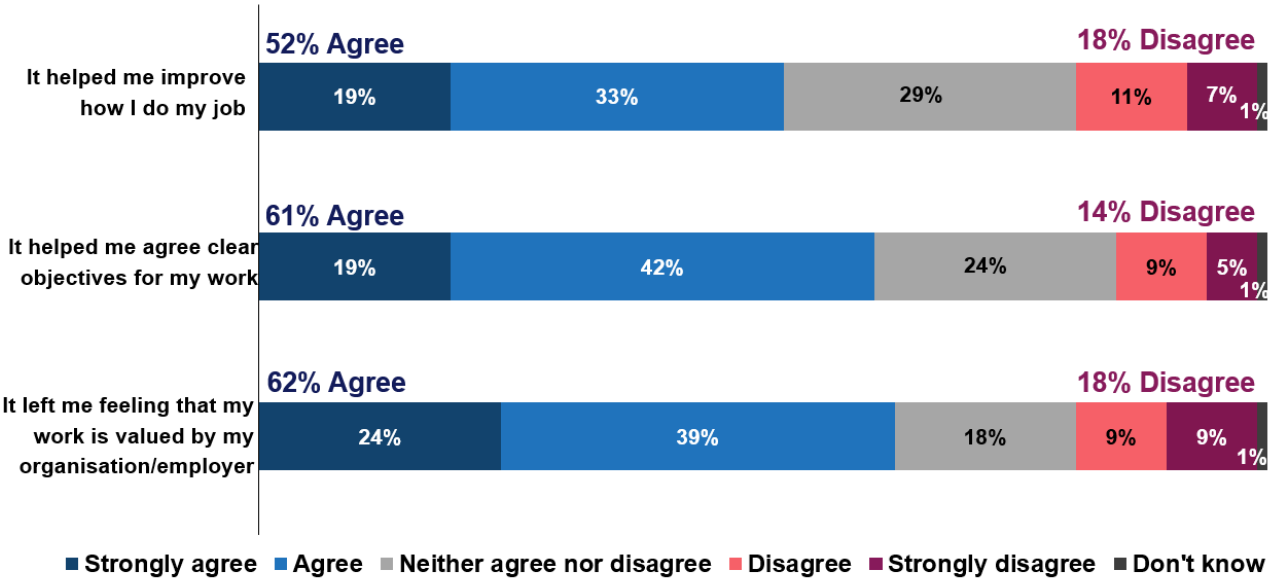
Participants who did not have an appraisal, annual review, or development review in the last 12 months have a lower ASCOT-Workforce mean score (22.7) than those who did (25.8). This means people who have had an appraisal have a higher CWRQoL.

Impact of appraisals for the individual

Participants who had an appraisal, annual review or development review in the last 12 months were asked about the impact it has had on them and their work.

As shown in figure 5.2, 3 in 5 state their appraisal has helped them agree clear objectives (61%) and left them feeling valued (62%). However, only half of participants agree their appraisal has helped them to improve how they do their job (52%).

Figure 5.2: impact of most recent appraisal, annual review or development review (QAPPRAISAL_IMPACT_W2: Thinking about your most recent appraisal, annual review development review, to what extent would you agree with the below statements?)



Base: all participants who had an appraisal, annual review or development review in the last 12 months (n=2,063).

Looking at trends since wave 1, there are clear improvements when looking at cross-sectional analysis of the full waves 1 and 2 samples, with the percentage of the workforce

agreeing with each statement increasing between the 2 waves. However, trends for the longitudinal sample specifically are declining for 2 of the statements and stable for the other one. This might be related to individuals in the longitudinal sample being 2 years older and 2 years longer in the ASC workforce at wave 2 than at wave 1. Sub-group analysis shows that agreement with the statements is higher among younger members of the workforce and those who have been in their role for less than 5 years (see below) suggesting that as people get older and spend longer in the workforce the impact of appraisals reduces.

Table 5.1: net agree scores on impact of appraisals at wave 1 and wave 2, for the cross-sectional sample and the longitudinal sample specifically

% Net agree	Wave 1	Wave 2	Wave 1 Longitudinal sample	Wave 2 Longitudinal sample
It helped me improve how I do my job	42%	52%^	43%	36%^
It helped me agree clear objectives for my work	51%	61%^	47%	48%
It left me feeling that my work is valued by my organisation or employer	51%	62%^	55%	49%^
Base	4,674	2,063	607	632

^ indicates the difference with wave 1 is statistically significant.

A number of sub-group differences can be found across the cross-sectional wave 2 sample. In terms of services, homecare workers are more likely to agree that appraisals had a positive impact on their role. This can be seen across all 3 statements for homecare workers:

- 72% agree their appraisal left them feeling that their work is valued by their organisation or employer (compared with 62% overall)
- 71% agree it helped them to agree clear objective for their work (compared with 61% overall)
- 63% agree it helped them to improve how they do their job (compared with 52% overall)

There are also clear differences across demographic groups in the ASC workforce. For example, members of the workforce from ethnic minority backgrounds are more likely to

agree with all 3 statements (78% compared with 61% for ‘it helped me agree clear objectives for my work’, 75% compared with 62% for ‘it left me feeling that my work is valued by my organisation/employer’, and 72% compared with 52% for ‘it helped me to improve how I do my job’).

Similarly, participants aged under 35 are more likely to agree with each statement compared with participants aged 55 and over (77% compared with 46%, respectively, for 'it helped me agree clear objectives for my work', 72% compared with 52%, respectively, for 'it left me feeling that my work is valued by my organisation/employer', and 69% compared with 36%, respectively, for 'it helped me to improve how I do my job').

Related to this, agreement with each statement is much higher among people who have been working in their role for up to 12 months, or 1 to 5 years, compared with those who have been in their role for longer: as an example, 76% and 64% of them respectively agree that their appraisal has helped them to improve how they do their job, compared with 40% for those who have been working in their role for 5 to 10 years and 37% for those who have been in their role for over 10 years.

Agreement with the statements is lower among members of the workforce who are disabled (31% agree that it helped them to improve how they do their job, compared with 58% among those who are not disabled) and among those who have unpaid caring responsibilities (for example 52% agree that it helped them agree clear objectives for their work, compared with 64% for those without these responsibilities).

The 2024 NHS Staff Survey includes these 3 statements but uses a different scale (yes definitely, yes to some extent, no), so findings between the 2 surveys are not directly comparable.

Opportunities for personal development

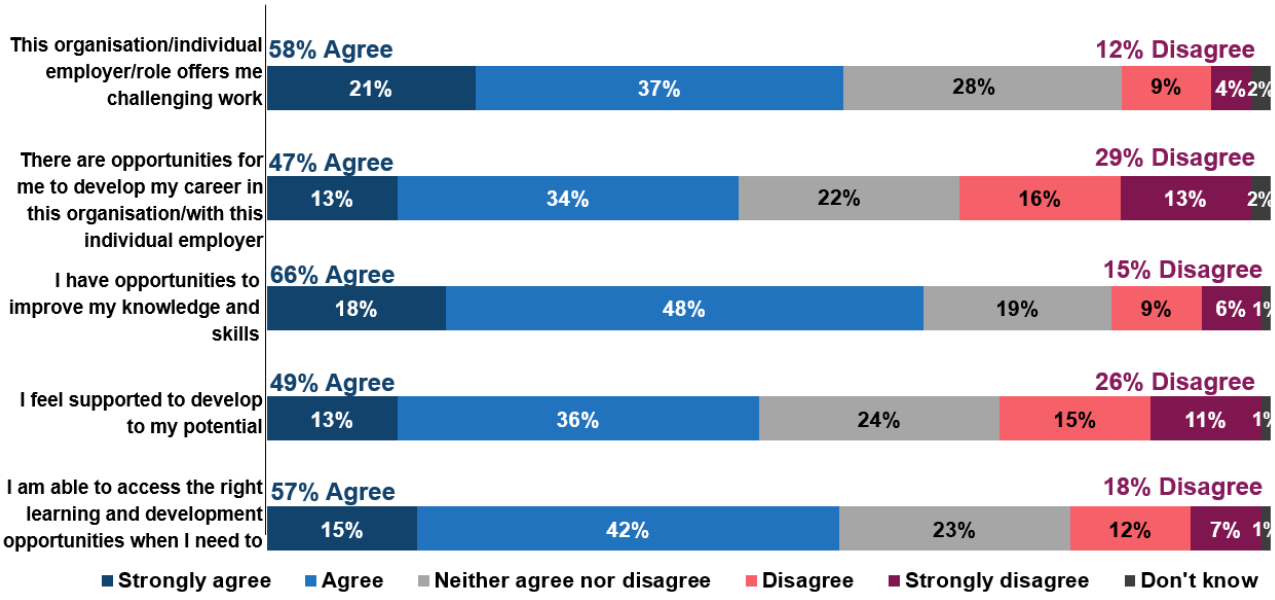
Participants were asked to what extent they agree with 5 statements relating to opportunities for personal development in their role, on a 5-point scale from strongly agree to strongly disagree. These statements were:

- this organisation/individual employer/role offers me challenging work
- there are opportunities for me to develop my career in this organisation/with this individual employer
- I have opportunities to improve my knowledge and skills
- I feel supported to develop my potential

- I am able to access the right learning and development opportunities when I need to

As shown in figure 5.3, around 3 in 5 participants agree they are offered challenging work (58%), and that they are able to access the right learning and development opportunities when they need to (57%). Two-thirds agree that they have opportunities to improve their knowledge and skills (66%). In contrast, under half agree there are opportunities for them to develop their career (47%) or feel supported to develop their potential (49%) and over a quarter disagree with these 2 statements (29% and 26% respectively).

Figure 5.3: opportunities for personal development (QPER_DEV_W2 To what extent do these statements reflect your view of your organisation as a whole / individual employer / role?)



Base: all participants working in adult social care in England (n=3,008).

The 2024 NHS Staff Survey also used an agree/disagree scale when asking about these statements but did not offer a 'don't know' answer code. To compare findings between the 2 surveys, results from the ASC Workforce survey wave 2 have been recalculated with 'don't know' responses excluded from the base. Agreement levels on 4 of the 5 statements are higher in the NHS Staff Survey than in the ASC workforce:

- this organisation/individual employer/role offers me challenging work (69% agree in the NHS Staff Survey compared with 59% for ASC workforce survey when excluding 'don't know' responses)

- there are opportunities for me to develop my career in this organisation/with this individual employer (55% compared with 48% when excluding 'don't know' responses)

- I have opportunities to improve my knowledge and skills (70% compared with 66%)
- I feel supported to develop my potential (57% compared with 50% when excluding 'don't know' responses)
- I am able to access the right learning and development opportunities when I need to (60%compared with 58% when excluding 'don't know' responses)

Looking at trends, compared with wave 1 agreement with each of these statements is higher at wave 2 (table 5.2).

Table 5.2: net agree scores on learning and development statements at wave 1 and wave 2

Net agree scores	Wave 1 n=7,233	Wave 2 n=3,008
This organisation or individual employer offers me challenging work	55%	58%^
There are opportunities for me to develop my career in this organisation or with this individual employer	39%	47%^
I have opportunities to improve my knowledge and skills	56%	66%^
I feel supported to develop my potential	39%	49%^
I am able to access the right learning and development opportunities when I need to	51%	57%^
Base	7,233	3,008

^ indicates that the difference with wave 1 is statistically significant.

Looking at the longitudinal sample (table 5.3), the situation is more nuanced. Among these participants the level of agreement with the learning and development statements has remained stable between the 2 waves. However, the level of disagreement has reduced for 2 of the statements (opportunities to improve knowledge and skills, and access to learning and development opportunities) with views shifting to a more neutral position (neither agree nor disagree) between the 2 waves. In addition, sub-group analysis for the cross-sectional sample shows that agreement with all the statements is higher than average among members of the workforce aged under 35 (this is detailed later in this chapter). The longitudinal sample is 2 years older at wave 2 than it was at wave 1, so maintaining stability in the net agree scores despite the sample being older points to an improvement.

Table 5.3: net agree and net disagree scores on learning and development statements at wave 1 and wave 2 for the longitudinal sample specifically

Longitudinal sample (n=926)	Wave 1 Net agree	Wave 2 Net agree	Wave 1 Net disagree	Wave 2 Net disagree
This organisation or individual employer offers me challenging work	61%	59%	11%	9%
There are opportunities for me to develop my career in this organisation or with this individual employer	38%	41%	38%	36%
I have opportunities to improve my knowledge and skills	57%	57%	24%	19%^
I feel supported to develop my potential	40%	41%	35%	33%
I am able to access the right learning and development opportunities when I need to	51%	51%	27%	23%^

^ indicates the difference between wave 1 and wave 2 is statistically significant

Now looking at sub-group differences across the cross-sectional wave 2 sample, they are similar across most learning and development statements. They relate to job role, service types, age, ethnicity, citizenship, disability status and unpaid caring responsibilities.

Registered managers, social workers, and people working in care-related managerial or supervisory roles consistently stand out. For all or most of the statements, they are more likely than average to agree (table 5.4). In contrast, personal assistants are less likely than average to agree with many of the statements.

Table 5.4: net agree scores on learning and development statements, split by job role

Net agree scores	Overall workforce	Registered managers	Social workers	Managerial or supervisory role	Personal assistants
This organisation or individual employer offers me challenging work	58%	74%^	81%^	74%^	55%
There are opportunities for me to develop my career in this organisation or employer	47%	52%	60%^	61%^	21%^
I have opportunities to improve my knowledge and skills	66%	75%^	76%^	78%^	47%^
I feel supported to develop my potential	49%	61%^	55%	65%^	31%^
I am able to access the right learning and development opportunities when I need to	57%	69%^	61%	67%^	40%^
Base	3,008	509	347	325	159

^ denotes a statistically significant difference when compared with the workforce average.

Except for the statement on challenging work, agreement is higher than average among people working in homecare services:

- 57% of them agree that there are opportunities for them to develop their career in this organisation or with this individual employer (compared with 47% on average)
- 75% of them agree that they have opportunities to improve their knowledge and skills (compared with 66% on average)

- 60% agree that they feel supported to develop their potential (compared with 49% on average)

- 66% agree that they are able to access the right learning and development opportunities when they need to (compared with 57% on average)

Except for the statement on challenging work, younger members of the ASC workforce consistently report higher agreement with all the learning and development statements, when compared with the average or with those aged 35 or over: 59% of those aged under 35 agree that there are opportunities for them to develop their career in this organisation or with this individual employer (compared with 47% on average), 74% of them agree that they have opportunities to improve their knowledge and skills (compared with 66% on average), 62% agree that they feel supported to develop their potential (compared with 49% on average), and 67% agree that they are able to access the right learning and development opportunities when they need to (compared with 57% on average).

A similar pattern can be observed among the following groups, who are all more likely to agree with the statements, except for the one on challenging work:

- members of the ASC workforce who are from ethnic minority backgrounds when compared with those from White ethnic backgrounds

- non-UK citizens, when compared with UK citizens

Disabled people and people with unpaid caring responsibilities consistently report lower than average agreement with the learning and development statements, except for the one on challenging work where disabled people are more likely to say they agree that their organisation or individual employer offers them challenging work (65% compared with 57% among people who are not disabled).

Positive views around learning and development are associated with high ASCOT-Workforce mean scores. Participants who strongly agree or agree that there are opportunities for them to develop their career in their organisation or with their individual employer have an ASCOT-Workforce mean score of 27.9 compared to just 20.5 of those who disagree or strongly disagree. The same pattern is observed with other statements on learning and development, indicating that access to learning and development is associated with higher CWRQoL.

Longitudinal analysis: links between views on learning and development at wave 1 and retention at wave 2

Having opportunities to develop knowledge, skills, or career in the organisation improves retention: 4 in 5 of those who agreed with the statement 'I have opportunities to improve

my knowledge and skills' at wave 1 are still with the same organisation or employer at wave 2 (79%, compared with 67% of those who disagreed). A similar pattern can be observed among those who agreed that they had opportunities to develop their career in their organisation or with their individual employer at wave 1 (82% are still with the same employer at wave 2, compared with 69% of those who disagreed).

Longitudinal participants who disagreed at wave 1 that they had opportunities to improve their knowledge and skills are more likely to be working for a different organisation or employer in the ASC sector at wave 2 (17% compared with 10% for those who agreed they had opportunities to improve their knowledge and skills), or outside the ASC sector (9% compared with 3% for those who agreed).

Similarly, those who agreed that they had opportunities to develop their career in their organisation or with their individual employer at wave 1 are more likely than those who disagreed to be working in a different role or service within the same organisation at wave 2 (17% compared with 8%).

6. Intentions to leave

This chapter first explores intention to leave current job and likely future destinations and compares these with the actual job changes reported by longitudinal participants between wave 1 (2023) and wave 2 (2025). The section then highlights the reasons wave 2 participants give for considering leaving their job. Finally, for the longitudinal sample specifically, it compares their intention to leave at wave 1 with the employment situation they reported at wave 2.

The questions included in the survey were taken from the NHS Staff Survey and adapted to the ASC sector. Comparisons with the 2024 NHS Staff Survey are included where appropriate.

Summary findings

A quarter of the ASC workforce who are not self-employed agree with the statement 'I will leave this organisation or employer as soon as I can find another job' (25%). This is lower than at wave 1 (34%).

The same trend is observed when looking at other statements about intention to leave current job. For example, 3 in 10 members of the ASC workforce agree that they will probably look for a job at a new organisation or employer in the next 12 months (30%), which is 8 percentage points lower than at wave 1 (38%).

Intention to leave is higher among senior care workers, those employed by a care provider, those with a disability and those with a lower annual household income.

Of those considering leaving their job, a third (32%) want to move to a job outside health and social care entirely, and only 1 in 10 want to move to a job with a different social care organisation (11%). The destinations of those who are still in work but have left the ASC sector between waves 1 and 2 are varied and include education, the NHS, other health and care roles outside ASC, retail and hospitality.

Reasons for wanting to leave a job include its impact on health and wellbeing (60%), income or salary being too low (54%), lack of recognition for the adult social care sector (44%), not feeling valued or supported by colleagues and/or manager (43%) and lack of career opportunities or progression (35%). The top 3 reasons are the same as wave 1 but their prevalence has reduced.

Longitudinal analysis shows that over half of longitudinal participants who planned to leave their job at wave 1 have not done so at wave 2: 56% of those who agreed with the statement 'as soon as I can find another job, I will leave this organisation or individual employer' at wave 1 are still in the same role, service and organisation or employer at wave 2.

Longitudinal participants who at wave 1 agreed that there were opportunities for them to develop their career in their organisation, or had a high ASCOT-Workforce score, are more likely to have stayed with the same organisation or employer.

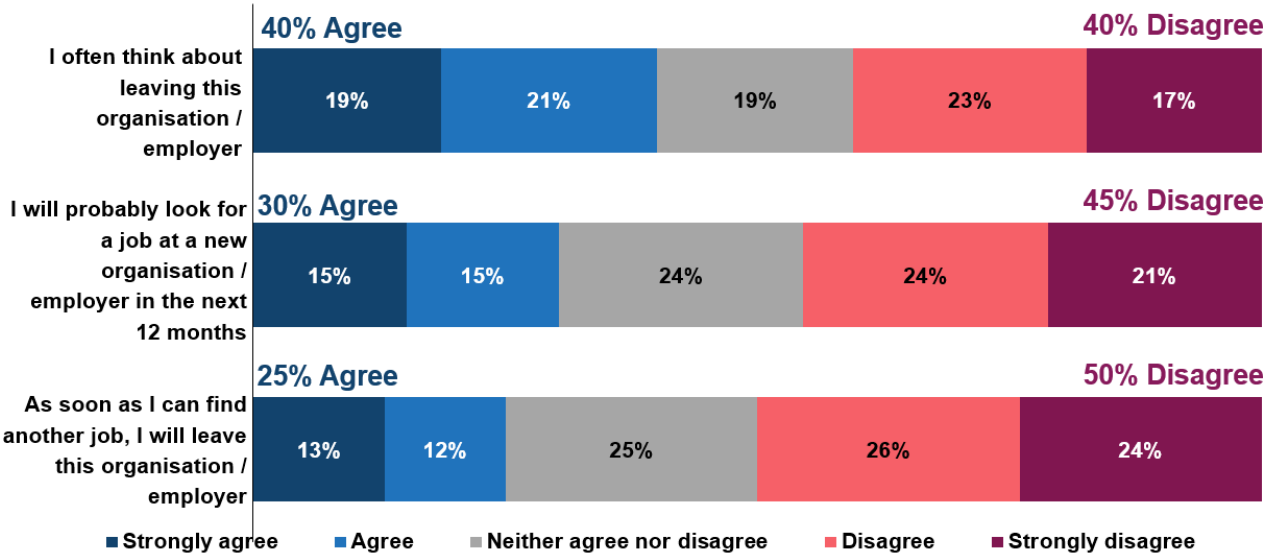
Intention to leave current job

Participants who are not self-employed were asked to what extent they agree or disagree with 3 statements which measured their intention to leave their organisation or employer. These statements are:

- I often think about leaving this organisation/employer
- I will probably look for a job at a new organisation/employer in the next 12 months
- as soon as I can find another job, I will leave this organisation/employer

As shown in figure 6.1, overall, 2 in 5 members of the ASC workforce (40%) agree that they often think about leaving their organisation or employer, however the same proportion of participants (40%) disagree with the statement. Three in 10 (30%) agree that they will probably look for a new job in the next 12 months and a quarter (25%) say they will leave their organisation or employer as soon as they find another job.

Figure 6.1: Intention to leave current job or organisation (To what extend do you agree or disagree with these statements Q_INTENTION_TO_LEAVE_A_W2: I often think about leaving this organisation / employer, Q_INTENTION_TO_LEAVE_B_W2: I will probably look for a job at a new organisation / employer in the next 12 months, QINTENTION_TO_LEAVE_C_W2: As soon as I can find another job, I will leave this organisation / employer)



Base: all participants who work in adult social care in England and are not self-employed or independent (n=2,901).

Analysis using the longitudinal sample allows us to understand how intentions relate to subsequent behaviour. Regardless of their stated intention to leave at wave 1, 2 years later three-quarters of longitudinal participants are still working within the same role, service and organisation (64%), or in a different service within the same organisation (11%). Further details are available in the chapter 'Aims and objectives', section 'The longitudinal sample: job changes'.

Cross-sectional analysis shows a notable decrease in intention to leave the ASC workforce between wave 1 and wave 2. The proportion of the workforce who agree they often think about leaving their organisation or employer has fallen from 50% at wave 1 to 40% at wave 2. Similarly, those who say they will probably look for a new job in the next 12 months has decreased from 38% to 30%, and those who agree they will leave as soon as they find another job has fallen from 34% to 25%. The uncertain economic situation, marked by weaker economic growth and rising unemployment, may have contributed to this decline in intention to leave.

Table 6.1: Net agree scores on intention to leave at waves 1 and 2 (full cross-sectional sample)

Intention to leave	Wave 1 Net agree	Wave 2 Net agree	Wave 1 Net disagree	Wave 2 Net disagree
I often think about leaving this organisation /employer	50%	40%^	29%	40%^
I will probably look for a job at a new organisation/ employer in the next 12 months	38%	30%^	35%	45%^
As soon as I can find another job, I will leave this organisation /employer	34%	25%^	38%	50%^
Base	7,087	2,901	7,087	2,901

^ denotes a statistically significant difference when compared with the wave 1 findings.

This reduction in intention to leave observed between the 2 waves is not seen in the longitudinal analysis. Intention to leave current job has remained stable among longitudinal participants (the change of 1 or 2 percentage points is not statistically significant):

- at wave 1, 46% of them agreed with the statement 'I often think about leaving this organisation or employer' and 45% at wave 2
- at wave 1, 28% of the longitudinal sample agreed with the statement 'as soon as I can find another job, I will leave this organisation or employer' and 30% at wave 2
- at each wave, a third of the longitudinal sample agreed with the statement 'I will probably look for a job at a new organisation or employer in the next 12 months' (34% at wave 1 and 35% at wave 2)

The proportion of the longitudinal sample who disagree with the statements has also remained stable over time.

The stable longitudinal trends, which contrasts with the reduction in intention to leave observed in the cross-sectional analysis, may reflect the fact that many members of the longitudinal sample had been in the same role and all had been in the ASC sector for 2 years longer by wave 2. Intention to leave increases with length of time in current role and in the sector which means that over time it might be expected that there would be an increase in the intention to leave among a group asked the same questions 2 years later.

Despite the reduction of intention to leave between waves 1 and 2 observed overall in the cross-sectional analysis, intention to leave remains higher in the ASC sector than in the NHS: in the 2024 NHS Staff Survey 29% of NHS staff agree that they often think about leaving their organisation, 21% agree that they will probably look for another job in the next 12 months, and 16% agree that they will leave their organisation as soon as they can find another job (net agree scores).

Looking across different job roles, personal assistants (68%), occupational therapists (60%) and registered managers (59%) are those most likely to disagree that they will leave their organisation as soon as they can find another job (compared with 50% of the overall workforce). Personal assistants and occupational therapists are also more likely to disagree that they would probably look for a job at a new organisation or employer in the next 12 months (59% and 56% respectively compared with 45% overall).

In contrast, senior care workers are more likely to strongly agree that they often think about leaving their organisation or employer (27% compared with 19% overall), that they would probably look for a job at a new organisation or employer in the next 12 months (24% compared with 15% overall) and that they will leave as soon as they can find another job (21% compared with 13% overall).

Intention to leave is lower among members of the ASC workforce employed by a local authority or by an individual employer, compared with the average or with those employed by a care provider. For example, 17% of those employed by a local authority agree with the statement 'As soon as I can find another job, I will leave this organisation/employer', and 12% of those working for an individual employer, compared with 30% of those employed by a private care provider.

Participants with lower ASCOT-Workforce scores are more likely to agree that they often think about leaving the workforce: 84% of those scoring 0 to 19 agree with this statement, compared to 39% of those scoring 20 to 29 and just 7% of those scoring 30 to 39.

Intention to leave current job is lower among participants working on a Health and Care Worker visa: over half of them disagree that they will probably look for a job in the next 12 months (56%) or that they often think about leaving their organisation or employer (56%). This level of disagreement is higher than among UK citizens (44% look for a job in next 12 months and 37% thinking about leaving their organisation or employer) and might be related to the conditions of Health and Care Worker visas.

Other demographic differences include:

- intention to leave is higher among disabled people compared to non-disabled people: 57% of disabled members of the ASC workforce agree that they often think about leaving their organisation or employer compared to those without a disability

(compared with 34% for non-disabled people), 42% agree that they would probably look for a job in the next 12 months (compared with 26%) and 33% agree that they will leave their organisation as soon as they can find another job (compared with 22%)

- household income: participants with an annual household income of up to £25,999 are more likely to agree that they often think about leaving their organisation (47%) compared with the overall workforce (40%), that they will probably look for a new job in the next 12 months (42% compared with 26%) and that they will leave their organisation or employer as soon as they can (33% compared with 22%)

- ethnicity: participants from White ethnic backgrounds more commonly agree they often think about leaving their organisation or employer (45%) compared with participants from Black (30% of them agree) and Asian ethnic backgrounds (19% of them agree)

Destination of those planning to leave their current job

Participants were also asked what their most likely destination would be if they were to leave their current role. Two in 5 participants (41%) say they are not considering leaving their current role. In the NHS Staff Survey, where a similar question is asked, 51% said so in 2024. Direct comparisons with wave 1 have not been made for this answer code as changes have been made to the routing instructions between waves 1 and 2. (At wave 1 this question was asked to a sub-sample of participants whose response at the intention to leave statements asked earlier indicated they may want to leave. At wave 2 it was asked to all participants).

In line with earlier findings, intention to stay in the current job is higher than average (41%) among certain groups, in particular personal assistants (58% are not considering leaving their current job), people in care-related managerial roles (51%), those who are self-employed or independent (56%), those employed by an individual employer (53%) or a local authority (48%), and members of the ASC workforce who are not disabled (45%).

When focusing exclusively on those who are considering leaving their current role (unweighted base size of 1,740), a third of the ASC workforce who intend to leave their job (32%) say they would want to move to a job outside of health and social care. Around 1 in 5 (21%) say they would want to move to a job in the NHS or healthcare, while around 1 in 10 say they would want to move to a job with a different social care organisation (11%), or they would like to retire or take a career break (11%). A similar proportion (12%) say they do not know what their likely destination would be. Just 1 in 20 (6%) state they would want to move to another job within the same organisation.

Table 6.2 shows the likely destinations at waves 1 and 2, for those planning to leave their job. The proportion of participants who would want a job with a different social care organisation or employer has reduced between the 2 waves (from 15% to 11%), but the

proportion of those who would want to move to a job in the NHS or healthcare has risen (from 16% to 21%).

Table 6.2: likely destination of members of the ASC workforce who are considering leaving their current job

% for top 5 likely destinations	Wave 1 participants who were considering leaving their job	Wave 2 participants who are considering leaving their current job
I would want to move to a job outside of health and social care	32%	32%
I would want to move to a job in the NHS or healthcare	16%	21%^
I would want to move to a job with a different social care organisation or employer	15%	11%^
I would retire or take a career break	14%	11%^
I would want to move to another job within this organisation	7%	6%
Base	4,452	1,740

^ denotes a statistically significant difference when compared with the wave 1 findings.

A total of 44 members of the longitudinal sample (unweighted base) said at the start of the wave 2 survey that they were now working outside the ASC sector (they were asked a shorter set of questions as a result). Once weighted, the base size is 55 and the figures which follow are based on weighted numbers. Their destinations of employment are varied: 5 now work in the NHS, 8 work in another health or care-related role outside the adult social care sector, 11 work in education, 6 in retail or hospitality, and 24 in another sector or job which is not specified and one preferred not to say.

Looking back at the wave 2 participants who are considering leaving their current role, differences are present across job roles in the sector:

- personal assistants (51%), and to a lesser extent senior care workers (39%) and support and outreach workers (36%), more commonly say they would want to move to a job outside of health and social care (compared with 32% overall)

- over a quarter of care workers and assistant care workers (27%) say they would want to move to a job in the NHS or healthcare (compared with 21% overall)

- around 1 in 5 registered nurses and nursing associates (24%), team leaders and supervisors (22%), social workers (22%) and registered managers (20%) say they would want to move to a job with a different social care employer (compared with 11% overall)

- 1 in 5 occupational therapists (21%) and 1 in 7 social workers (15%) say they would want to move to another job within the same organisation (compared with 6% overall)

- under 1 in 5 registered managers say they would retire or take a career break (18%)

Looking across types of employers, there are clear differences between those employed by a local authority and those employed by a care provider. Almost 3 in 10 participants working at a local authority (27%) say they would want to move to another job within the same organisation (compared with 4% among those employed by a care provider). In contrast, a third of people employed by a care provider would want to move to a job outside health and social care (34%, compared with 20% among those employed by a local authority), and 1 in 4 would want to move to a job in the NHS (23%, compared with 10% among those employed by a local authority).

The following groups are more likely than average to choose the NHS and the healthcare sector more generally as their most likely destination:

- staff working in homecare (32% compared with 21% overall)

- people from ethnic minority backgrounds (39%) compared with people from a White ethnic background (11%)

- younger participants (33% of those aged under 35 compared with 21% overall)

- people working on a Health and Care Worker visa (58%), compared with 24% of non-UK citizens who are not employed through this visa, and 14% of UK citizens

Longitudinal analysis: job situation of those who intended and did not intend to leave their job at wave 1

Looking at longitudinal participants' responses on intention to leave at wave 1, over half of those who agreed with the statement 'as soon as I can find another job, I will leave this organisation/employer' are still in the same job role, service and organisation/employer at wave 2 (56%). The same applies to those who agreed with the statement 'I often think about leaving this organisation or employer' at wave 1: 57% of them are still in the same

role, service and organisation or employer at wave 2. This shows that intention to leave does not necessarily result in people leaving their job. The uncertain economic context may have contributed to the retention of people who indicated an intention to leave at wave 1.

Still, the retention rate among those who did not intend to leave at wave 1 is higher than the retention rate of those who planned to leave: 70% of those who disagreed with the statement 'as soon as I can find another job, I will leave this organisation/employer' at wave 1 are in the same role, service and employer at wave 2 (compared with 56% of those who intended to leave at wave 1). It also means that 30% of those who did not plan to leave their job have changed job or left employment regardless.

Table 6.3 compares the job situation of longitudinal participants who agreed and disagreed with the statement 'as soon as I can find another job, I will leave this organisation or employer' at wave 1. It shows that those who intended to leave their job at wave 1 are more likely than those who did not to have moved to a job outside adult social care (9% compared with 2%), or to be off work (7% compared with 2%).

Table 6.3: job situation at wave 2 split by intention to leave at wave 1, for the longitudinal sample specifically

Job situation of longitudinal sample at wave 2 compared with wave 1	Longitudinal average	Those who agreed with statement 'As soon as I can find another job, I will leave this organisation or employer' at wave 1	Those who disagreed with statement 'As soon as I can find another job, I will leave this organisation or employer' at wave 1
Yes, I am in the same role and in same service for the same organisation or employer	64%	56%	70%^
No, I am in a different role or service in the same organisation	11%	8%	12%
No, I am working for a different organisation or employer, but still in the adult social care sector	12%	15%	9%
No, I am working for a different organisation or employer outside the adult social care sector	5%	9%^	2%

Job situation of longitudinal sample at wave 2 compared with wave 1	Longitudinal average	Those who agreed with statement 'As soon as I can find another job, I will leave this organisation or employer' at wave 1	Those who disagreed with statement 'As soon as I can find another job, I will leave this organisation or employer' at wave 1
No, I am not currently in work (for example looking after home or family, off sick, unemployed, studying, career break, on parental leave)	3%	7%^	2%
No, I have retired	4%	3%	4%
None of these	1%	1%	1%
Base	1,073	285	527

^ indicates significant differences between those who agreed and those who disagreed with the statement at wave 1.

Participants from the longitudinal sample who were non-UK citizens at wave 1 are more likely than those who were UK citizens to say they are now working for a different organisation or employer but still in the ASC sector at wave 2 (21% of non-UK citizens compared with 10% of UK citizens). In addition, those who were UK citizens at wave 1 are more likely to have stayed at the same organisation, either in the same role or in in a different role compared with non-UK citizens (76% of UK citizens compared with 67% of non-UK citizens). Note that, findings for members of the longitudinal sample who were non-UK citizens at wave 1 are based on 79 responses only (including 23 participants who were on a Health and Care Worker visa back then).

Several factors are associated with a higher likelihood of staying with the same organisation or employer between waves 1 and 2, including:

- career development opportunities: over 4 in 5 (82%) of those who agreed at wave 1 that they had opportunities to develop their career within their organisation are still working for the same employer, compared with 69% of those who disagreed

- workforce wellbeing scores: ASCOT-Workforce scores appear to be strongly linked to retention. Among those scoring 30 to 39 at wave 1 (those reporting high CWRQoL), 74% remain in the same role for the same employer, compared with 56% of those scoring 0 to 19

The links between learning and development and retention are discussed further at the end of the chapter on learning and development.

Motivation to leave

Participants who said they are considering leaving their current job were asked about the reasons which make them want to leave. They could select more than one reason from a list of possible causes, or specify a reason not listed.

As shown in figure 6.2, 3 in 5 members of the ASC workforce (60%) say their intention to leave is due to the impact of stress and burnout on their health and wellbeing, while over half (54%) say they are considering leaving because the income or salary is too low.

Over 2 in 5 (44%) say their motivation to leave is due to a lack of recognition for the ASC sector, and a similar proportion (43%) say it is due to not feeling valued or supported by colleagues and/or manager.

Other motivations participants give for leaving their current role include:

- lack of career opportunities or progression (35%)
- employment terms and conditions for example zero hours contract, lack of job security, lack of paid overtime, lack of sick pay, lack of maternity pay, insufficient rate for mileage or other travel related costs (33%)
- working conditions (for example, equipment for safe working, access to technology and internet, cleanliness, rotas and work pattern) (26%)
- lack of learning and development offer (18%)
- violence, abuse, bullying or harassment (18%)
- personal or family related reasons for example retirement, childcare, caring responsibilities, own health, moving home (18%)

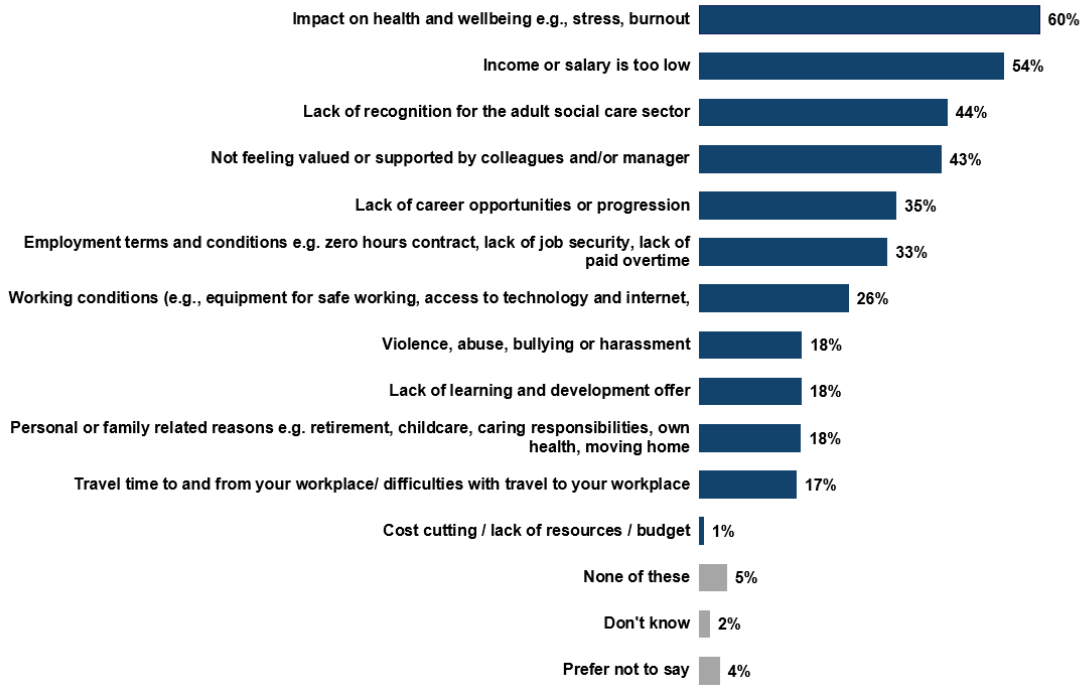
Small tweaks were made to the list of answer codes between waves 1 and 2, meaning comparisons are indicative. Compared with wave 1, the order of importance of the reasons stated has remained broadly the same. However, the prevalence of the top 3 reasons has reduced:

- impact of stress and burnout on health and wellbeing was selected by 67% of participants at wave 1 and 60% at wave 2
- low income or salary has declined from 67% at wave 1 to 54% at wave 2
- lack of recognition for the ASC sector has declined from 48% at wave 1 to 44% at wave 2

In contrast, the proportion of the ASC workforce mentioning their working conditions (for example, equipment for safe working, access to technology and internet, cleanliness, rotas and work pattern) as a reason for leaving has increased from 19% at wave 1 to 26% at wave 2.

Other motivations, including lack of career progression, employment terms and conditions, and bullying and harassment, have remained stable across both waves.

Figure 6.2: reasons for considering leaving current job (QFACTOR_TO_LEAVE_W2: For which of the following reasons, if any, are you considering leaving your current job?)



Base: all participants who are considering leaving their current role (n=1,417).

Impact on health and wellbeing due to stress and burnout is noted as an important issue across the ASC workforce, however some groups are more likely to report this as a reason for leaving:

- participants working as a registered manager (70%) or in a general managerial or supervisory role (71%), compared with those in direct care roles (58%), nurses, nursing associates and AHPs (50%) and regulated professionals (59%)
- those with a disability (80%) compared to those without (53%)
- those who have unpaid caring responsibilities (69% compared with 58% among those who do not)

Almost half of all participants in regulated professions state a lack of career opportunities or progression as a reason for leaving their current role (47%) compared with the workforce average (35%).

7. Delegated activities

Questions on delegated activities were added to the questionnaire at wave 2. They were asked exclusively to care workers, assistant care workers, senior care workers, support and outreach workers and personal assistants. This chapter outlines how frequently delegated activities are carried out, whether those who carry them out have been trained or shown how to do them and by whom, their confidence in carrying them out and whether they receive additional pay for undertaking them.

In the questionnaire, the following text was included to explain what delegated activities are: 'The next few questions relate to activities which may be delegated by ‘regulated professionals’ to care and support workers. In adult social care, regulated professionals include nurses, nursing associates, occupational therapists, social workers or other clinical staff.' Examples of delegated activities were provided in the first question, which mentioned 'pressure ulcer care, blood sugar monitoring, physio stretches, post operation physio recovery, helping someone follow a mental health plan'.

Summary findings

Based on the definition of delegated activities provided in the questionnaire, 3 in 5 participants in direct care roles (59%) say they carry out delegated activities as part of their day-to-day role, sometimes or often, which is broadly in line with data from ASC-WDS.

Of those that deliver delegated activities sometimes or often, two-thirds (66%) say they have been shown, taught or trained in how to do so, and a quarter (24%) say they have not.

Confidence in carrying out delegated activities is high: 86% of those who carry them out often or sometimes agree they are confident in doing so, and only 5% disagree.

The people involved in training, teaching or showing participants how to carry out delegated activities mostly include nurses (39% of those who say they have been shown, taught or trained), occupational therapists (18%), registered managers (23%), and other health care professionals (for example GP, physiotherapist, podiatrist) (29%). A quarter of those who have been shown, taught or trained say the person who showed or trained them was a senior care worker (24%) or a care worker (14%). This could reflect the use of train-the-trainer models where qualified professionals have trained senior care workers to

pass on specific skills. However, it may also suggest instances where the Skills for Care guiding principles for delegation are not being fully followed.

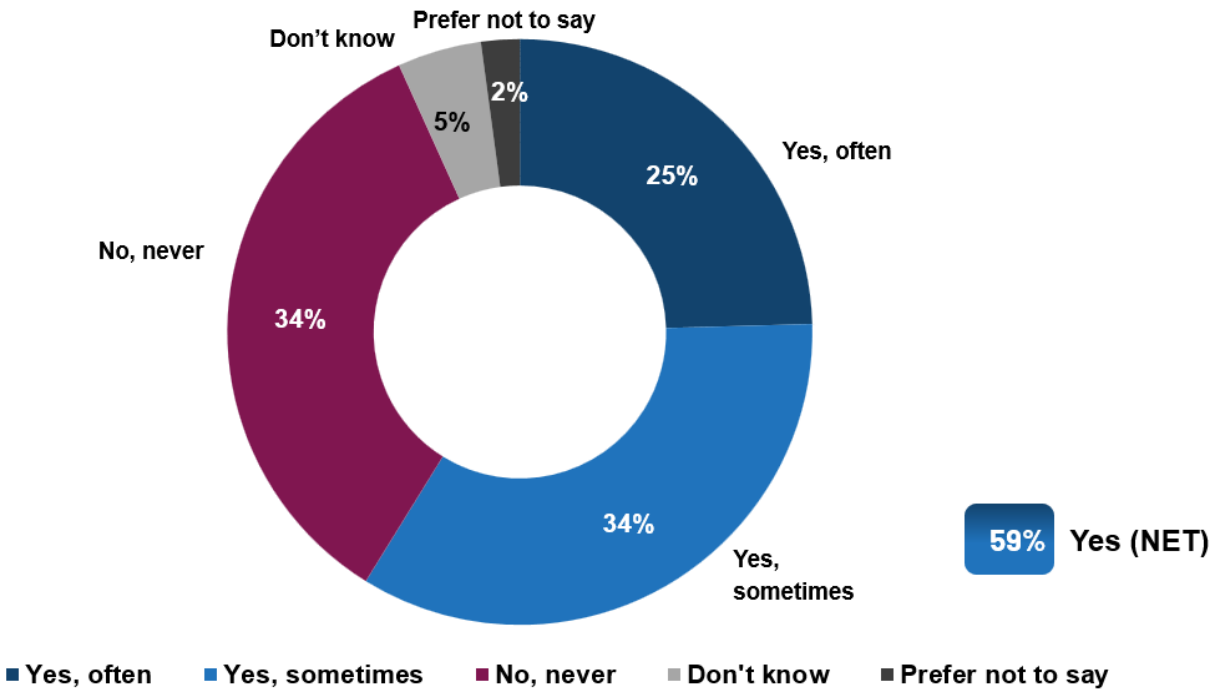
The vast majority of people in direct care role who often or sometimes carry out delegated activities do not receive any additional pay for doing so (85%).

Frequency of delegated activities

Participants working in direct care roles were asked whether they carry out any activities, as part of their day-to-day role, which they consider to be the role of a regulated professional (such as a nurse, occupational therapist, social worker or other clinical staff). The examples of delegated activities provided in the questionnaire were pressure ulcer care, blood sugar monitoring, physio stretches, post operation physio recovery, helping someone follow a mental health plan and so on.

As shown in figure 7.1, around 3 in 5 participants in direct care roles report that they carry out delegated activities 'often' (25%) or 'sometimes' (34%) as part of their role. A further 34% of participants in direct care roles report that they 'never' carry out delegated activities.

Figure 7.1: frequency of delegated healthcare activities (QDA_OFTEN_W2: As part of your day-to-day role, do you carry out any activities which you consider to be the role of a regulated professional (such as a nurse, occupational therapist, social worker or other clinical staff)? Examples could include pressure ulcer care, blood sugar monitoring, physio stretches, post operation physio recovery, helping someone follow a mental health plan, etc.)



Base: all participants who work in a direct care role in ASC in England (n=1,292).

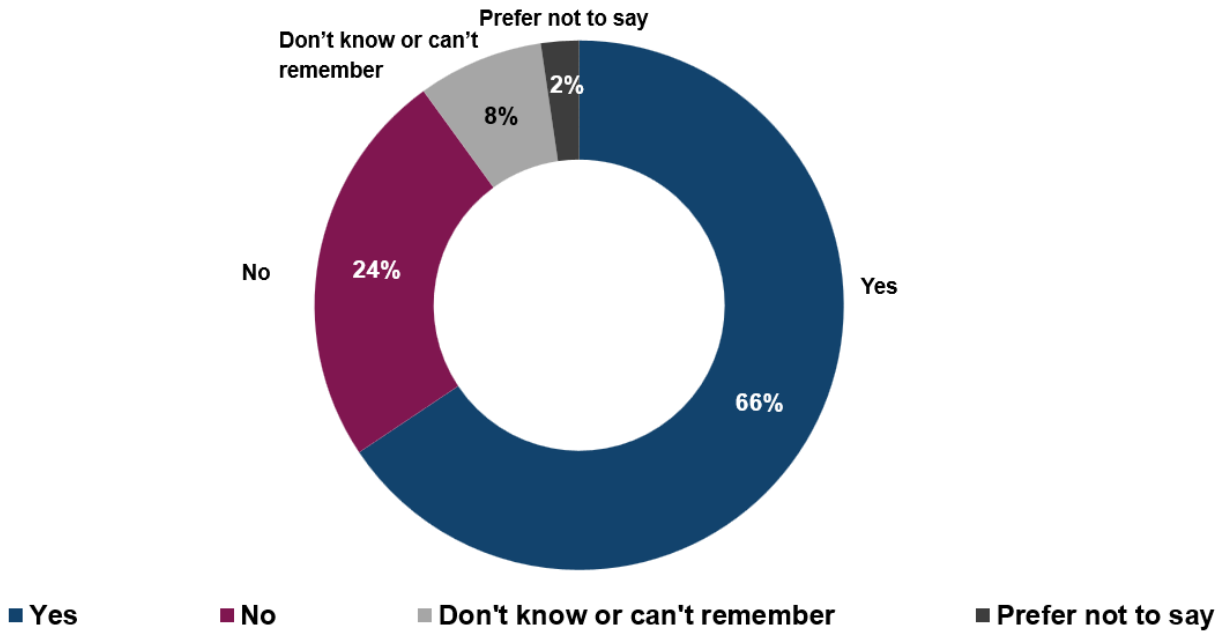
The likelihood of carrying out delegated activities often or sometimes is higher than average (59%) among certain groups of people in direct care roles, in particular senior care workers (73%), and those who have worked in the same role (whether for the same or different employers) for more than 10 years (68%).

Some sub-group differences based on demographics can be found throughout the questions on delegated activities but these are not reported here as multivariate analysis is required to understand the driving factor behind these differences and make sense of them.

Training received for delegated activities

Those who said they carry out delegated activities often or sometimes were asked whether they have been shown, trained or taught how to deliver these activities. As shown in figure 7.2, just over two-thirds say they have been shown, trained or taught how to do them (66%). However, a quarter of participants delivering delegated activities report that they have never been trained in these activities (24%).

Figure 7.2: training received to carry out delegated healthcare activities (QDA_TRAIN_W2: Thinking of the activities which you carry out as part of your day-to-day role but consider to be the role of a regulated professional, were you shown, trained, or taught how to carry them out?)



Base: all participants who carry out delegated healthcare activities often or sometimes, as part of their day-to-day role (n=768)

Personal assistants are the job role most likely to say they have not been shown, trained or taught how to carry out delegated activities (36% compared with 24% on average). No differences are observed by type of services but this might be related to the small base sizes.

Participants who have been trained, shown, or taught how to carry out the delegated activities they conduct, have a higher ASCOT-Workforce mean score (25.2) than those who have not been trained (20.4). This means they have a higher CWRQoL overall.

Who provided training for delegated activities

Participants who said they carry out delegated activities, and have been trained to do so, were also asked who trained or showed them how to carry out these activities. Participants could select more than one response to show where they have been trained by multiple colleagues.

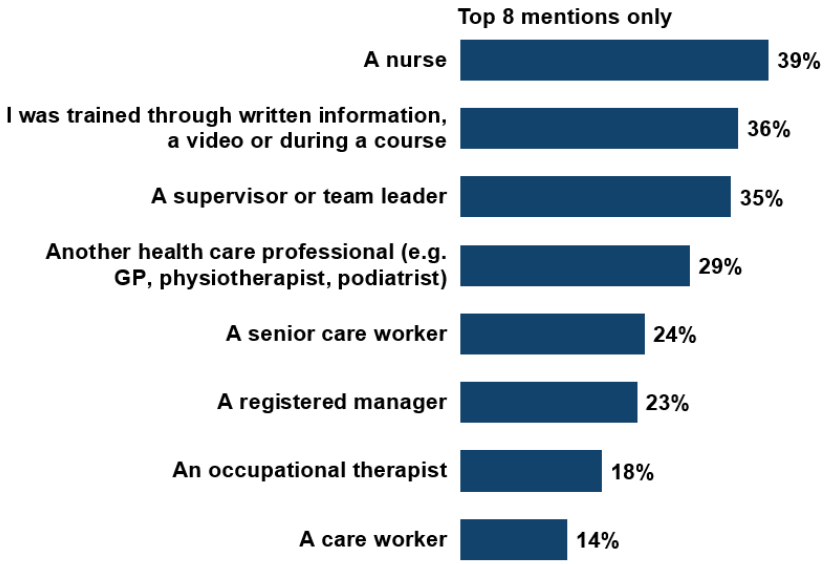
A range of job roles are reportedly involved in showing, teaching or training people in direct care roles how to carry out delegated activities. They include healthcare professional (for example GP, physiotherapist, podiatrist) (29% mention), other regulated professions

such as nurses (39% mention), occupational therapists (18%), and social workers (4% mention), as shown in figure 7.3.

Other job roles frequently mentioned include registered managers (23% mention), supervisor or team leader (35%), senior care workers (24%) and care workers (14% mention). While these roles may not have the authority to delegate healthcare activities themselves, they may be involved in training following a train-the-trainer model, with a registered professional maintaining oversight and signing off on the delegation.

Just over a third of participants (36%) say that they have received training through written information, a video or through a training course.

Figure 7.3: job role of the people who showed, trained or taught participants how to carry out delegated activities (QDA_WHO_W2: Who, if anyone, has shown, trained, or taught you how to carry out these activities?)



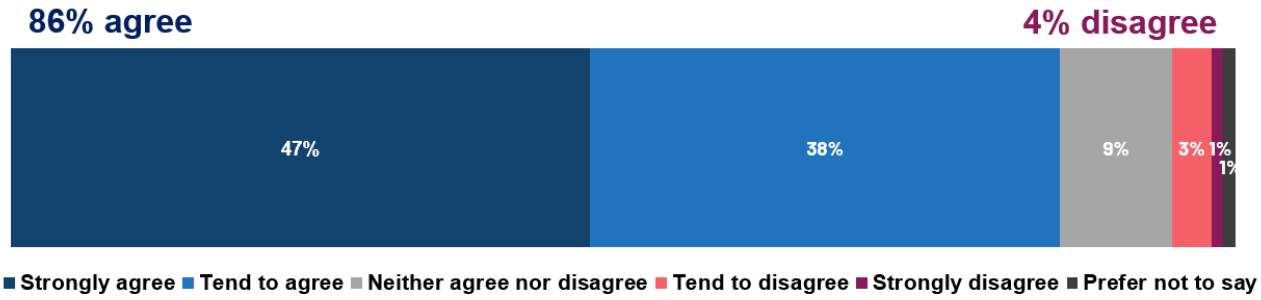
Base: all participants who have been trained to carry out delegated healthcare activities as part of their day-to-day role (n=491).

Confidence when undertaking delegated activities

Participants who say they carry out delegated activities often or sometimes as part of their day-to-day role were asked whether they agree or disagree with the statement 'I am confident doing most or all of the delegated activities I undertake'.

As shown in figure 7.4, the majority of these participants agree that they are confident carrying out delegated activities (86%), with only 1 in 20 saying they disagree (4%).

Figure 7.4: confidence when undertaking delegated activities (QDA_CONF_W2: To what extent do you agree or disagree with the following statement? I am confident doing most or all of the delegated activities I undertake)



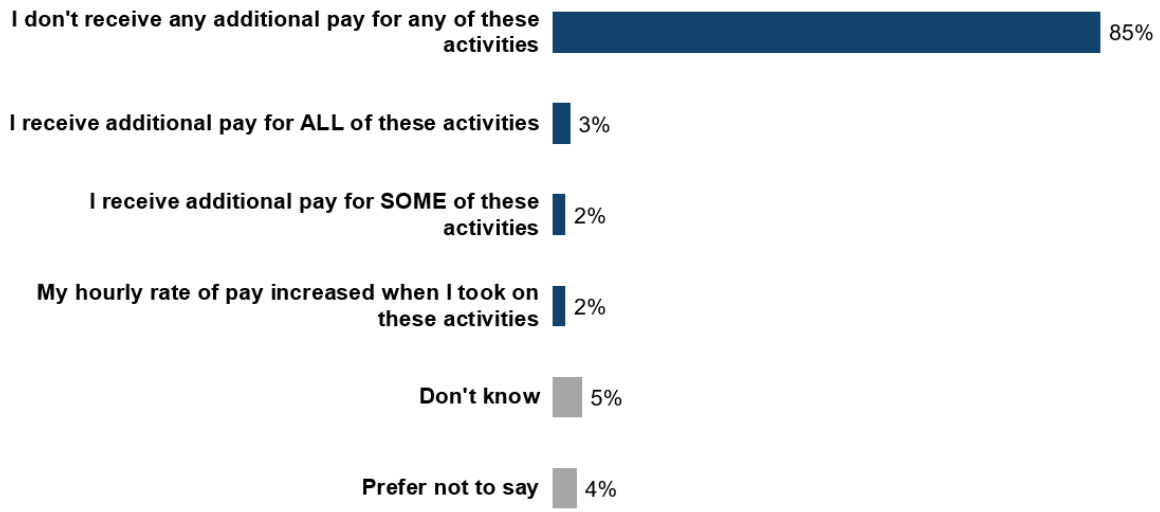
Base: all participants who carry out delegated healthcare activities often or sometimes, as part of their day-to-day role (n=768).

Additional pay for delegated activities undertaken

Finally, participants in a direct care role who reported that they carry out delegated activities as part of their job, were asked whether they receive any additional pay for these activities.

As shown in figure 7.5, the majority of these participants report that they do not receive any additional pay for any of the delegated activities that they carry out (85%), with only 2% saying their hourly rate increased when they took on delegated activities, 3% saying they receive additional pay for all of the delegated activities they deliver, and 2% saying they receive additional payment for some of the delegated activities they deliver.

Figure 7.5: whether additional pay is received for the delegated activities undertaken (QDA_PAY_W2: Do you receive additional pay for undertaking activities which you consider to be the role of a regulated professional as part of your day-to-day job?)



Base: all participants who carry out delegated healthcare activities often or sometimes, as part of their day-to-day role (n=768).

8. Employment terms and conditions

This chapter examines how members of the ASC workforce value different employment benefits and terms and conditions, and the availability of these in their current roles. It also compares the importance and availability of these employment conditions and job-related benefits, to identify those with the largest gap. Finally, it looks at the profile of people on zero-hour contracts and looks at how longitudinal participants have moved in and out of this type of contract over time. These questions were introduced at wave 2.

It is important to note that the questions reported in this chapter cover a mixture of statutory employment conditions (such as annual leave, sick pay, and pension contributions) and discretionary job-related benefits which some employers might offer (such as flexible working arrangements, or occupational sick pay). Throughout this chapter, we use the term employment conditions and job-related benefits to refer collectively to both categories. This distinction is important as statutory rights are legal entitlements, while discretionary benefits vary by employer. It is also worth noting that there might be a gap between the employment conditions and job-related benefits reported by participants in the survey and those that are actually available to them: we do not expect everyone to know precisely what their statutory rights and the discretionary benefits offered by their employer are, especially when they have not needed them.

Summary findings

The job-related benefits most important to the ASC workforce are paid annual leave (42% rate this among their top 5), flexible working hours that fit into personal and/or family life (34%), pay for training time and/or courses (32%), a guaranteed number of hours every week or month (29%) and additional pay for anti-social hours (29%). Three in 10 participants (29%) say all the 13 job-related benefits and employment conditions listed in the question are equally important to them.

When asked what employment conditions and benefits are available to them as part of their job in ASC, participants most commonly report paid annual leave (73%), employer pension contributions (61%), and pay for training time and or courses (56%).

The employment conditions and job-related benefits with the biggest gap between self-reported availability and importance relate to pay for overtime, travel time, travel costs, anti-social hours, night shifts while asleep, occupational sick pay and flexible working.

Those in direct care roles typically report lower availability of some employment conditions and job-related benefits, including employer contributing to a workplace pension scheme, a guaranteed number of hours every week or month, and paid annual leave.

A quarter of self-employed workers (25%) report having none of the listed benefits available to them.

Zero-hour contracts are particularly prevalent among some groups of the workforce, in particular among women, people working direct care roles, people working in homecare services, and people with a low annual household income. Longitudinal analysis shows that while some participants have moved in and out of zero-hour contracts between the 2 waves, some members of the workforce stay on a zero-hour contract for many years: 27 of the 59 people on a zero-hour contract at wave 1 are still on such contract at wave 2, though these findings should be interpreted with caution due to the small sample size.

Most important employment conditions and job-related benefits

Participants were asked which 5 employment conditions or job-related benefits are most important to them, from a list of 13 items. This is to understand how workers in ASC value different elements of the overall rewards package, such as annual leave, sick pay or pay for travel time between appointments.

As shown in figure 8.1, overall, the top 5 job-related benefits and conditions are:

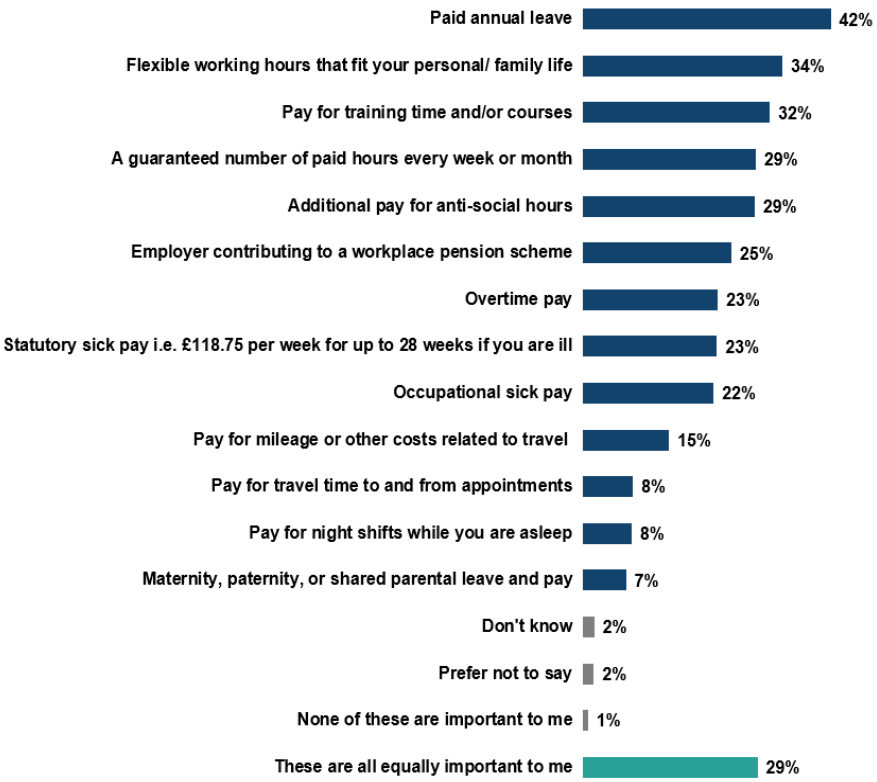
- paid annual leave (42%)

- flexible working hours that fit into personal and/or family life (34%)
- pay for training time and/or courses (32%)
- a guaranteed number of hours every week or month (29%)
- additional pay for anti-social hours (29%)

Many other job-related benefits and conditions are also considered important by those in the ASC sector: a quarter (25%) mention employer contributing to a workplace pension scheme on their behalf, and a slightly lower proportion mention overtime pay (23%), statutory sick pay (23%) and occupational sick pay (22%). Importantly, 3 in 10 participants (29%) say that all the listed benefits are equally important to them.

When excluding people who are self-employed or independent from the analysis, the results above remain identical except for statutory sick pay where it becomes 22% instead of 23%.

Figure 8.1: employment conditions and job-related benefits important to the ASC workforce (QTC_IMP_W2: Please select the 5 employment conditions or job-related benefits that are most important to you, regardless of whether you are currently receiving or entitled to them.)



Base: all participants working in adult social care in England (n=3,008).

Looking across job roles, those in direct care roles (31%) are more likely than those in managerial or supervisory roles (24%), regulated professionals (23%) and registered managers (18%) to include a guaranteed number of paid hours every week or month in the top 5 employment conditions or job-related benefits most important to them. It is worth noting that zero-hour contracts are much more prevalent among people in direct care role than in other job roles (see section ' Profile of participants on zero-hour contracts' later in this chapter).

Responses are related to the type of services in which participants work. Participants working in residential care are more likely than average to include in their top 5: additional pay for anti-social hours such as weekends or bank holidays (37% compared with 29%), overtime pay (32% compared with 23%), and occupational sick pay (28% compared with 22%).

Pay for mileage or other costs related to travel to and from appointments, and pay for travel time to and from appointments, are more frequently mentioned as important by people working in homecare, compared with the average (24% compared with 15% for pay for mileage and other costs related to travel to and from appointments, and 19% compared with 8% for pay for travel time to and from appointments).

People working in day care or community care services mention as important paid annual leave (68% and 51% respectively) and employers contributing to a workplace pension scheme (55% and 34%) more frequently than average (42% for annual leave and 25% for workplace pension).

There are also differences in terms of household income: participants with a household income up to £25,999 and between £26,000 and £51,999 are more likely to say that all the listed benefits are equally important to them (30% and 32% respectively) compared with those with a higher household income of £100,000 and above (14%).

Employment conditions and job-related benefits received

As noted earlier, the findings below cover a mix of statutory employment conditions and discretionary job-related benefits.

Participants were asked which of the listed employment conditions and job-related benefits are available to them in their current role, to understand the prevalence of different benefits in ASC jobs. Note that the data presented is self-reported, based on participants' awareness of the different employment conditions and benefits available to them. This should be taken into account when interpreting the findings: not everyone will be familiar with the legal rights and discretionary benefits that they have not needed (for example, sick pay, maternity pay). In addition, pay structures in ASC can be complex. For example,

some care providers may increase headline pay rates as a way to cover travel time, but this will not necessarily be specified on employment contracts and pay slips.

As shown in figure 8.2, the employment conditions and benefits most commonly reported as available to participants are paid annual leave (73%), employer pension contributions (61%), and pay for training time and/or courses (56%).

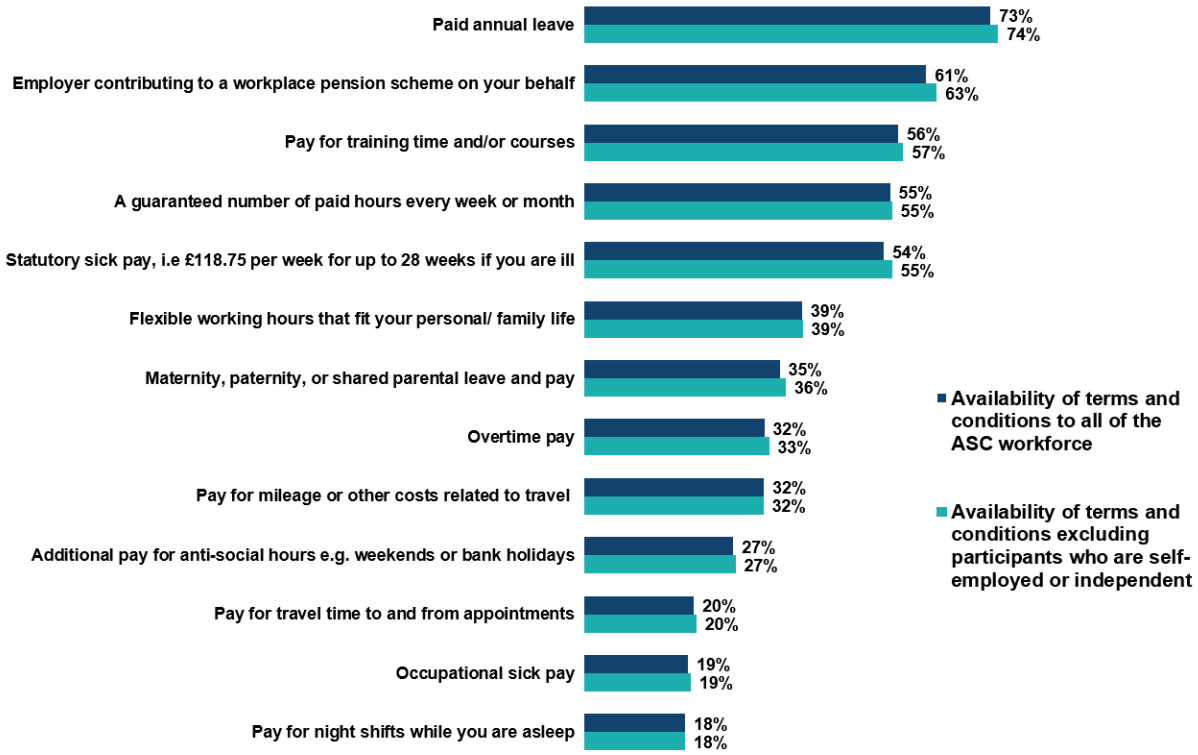
A notable difference exists between statutory and occupational sick pay availability - around half of the workforce say they are entitled to receive statutory sick pay if they are ill (54%), however only 1 in 5 participants say they would receive occupational sick pay if ill (19%).

Two in 5 participants (39%) report that flexible working is available to them.

Regarding travel-related compensation, a third of participants (32%) indicate that they have access to pay for mileage or other travel related costs and 1 in 5 (20%) have access to pay for travel time between appointments. Note that travel related compensation is not relevant to all job roles but it is particularly relevant to people working in homecare. 46% of participants working in homecare say they receive pay for mileage or other costs related to travel to and from appointments, and 31% say they receive pay for travel time to and from appointments. It is not possible to know from the question if other participants working in homecare receive no pay for these or if they receive a higher headline pay to compensate.

Excluding the 107 participants who said they are self-employed or independent from the base has a small positive impact on the prevalence of some of the job related benefits listed, with a one to 2 percentage points increase in the proportion of employed people who say they receive paid annual leave, a workplace pension, paid for training time or courses, statutory sick pay, overtime pay, and maternity, paternity, parental leave and pay. These are shown as separate bars on figure 8.2.

Figure 8.2: employment terms and conditions available to the ASC workforce as a whole and to those who are employed (QRC_RECVD_W2: And which of the following, if any, are available to you as part of your current job in adult social care? Please select all that are available to you, even if you don't currently receive them (e.g. you may be entitled to sick pay but not currently receiving it if you are not sick))



Base: all participants working in adult social care in England (n=3,008) and all employed participants working in adult social care in England (n=2,901, after excluding 107 participants who are self-employed or independent)

Looking at sub-group differences, the most notable relate to type of employer, job role, number of hours contracted to work and household income.

When looking at differences by employer type, participants employed by local authorities are more likely to report greater availability of most of the listed benefits compared with the workforce as a whole (guaranteed number of hours, pay for mileage and travel time, statutory and occupational sick pay, maternity, paternity or parental leave and pay, workplace pension, paid annual leave). This is also the case, to a lesser extent, among those working for not-for-profit care providers (guaranteed number of hours, paid annual leave, workplace pension, maternity, paternity or parental leave and pay, overtime pay, pay for night shifts, pay for training time and courses).

Table 8.1: employment conditions and job-related benefits available to the ASC workforce, to those who are employed, and to those employed by a local authority and those employed by a not-for-profit care provider specifically

Employment terms and conditions available to participants	All participants (ASC workforce average)	All employed participants	Participants employed by a local authority	Participants employed by a not-for-profit care provider
Paid annual leave	73%	74%^	76%	83%^
Workplace pension	61%	63%^	69%	76%
Pay for training time and/or courses	56%	57%^	61%	70%^
Guaranteed number of hours	55%	55%	62%^	71%^
Statutory sick pay	54%	55%^	62%^	67%^
Flexible working hours	39%	39%	48%^	39%
Maternity, paternity, parental leave and pay	35%	36%^	49%^	46%^
Overtime pay	32%	33%^	31%	45%^
Pay for mileage	32%	32%	56%^	32%
Additional pay for anti-social hours	27%	27%	28%	28%
Pay for travel time	20%	20%	37%^	21%
Occupational sick pay	19%	19%	38%^	25%^
Pay for night shifts while asleep	18%	18%	10%	28%^
Base size	3008	2901	958	416

^ means that the difference against the ASC workforce average is statistically significant.

A total of 8% of personal assistants say that they do not have any of the listed job-related conditions and benefits available to them.

Those in direct care roles are consistently less likely than average to report availability of a guaranteed number of paid hours every week or month (49%), pay for mileage and other travel related costs (26% compared with 32%), statutory sick pay (49% compared with

54%), maternity, paternity, parental leave and pay (28% compared with 35%), employer contributing to workplace pension (57% compared with 61%).

Participants on zero-hour contracts are also less likely than average to report having many of the listed employment conditions and benefits available to them compared to those with contracted hours:

- a guaranteed number of paid hours every week or month (9% compared with 55%)
- occupational sick pay, to cover some or all of the shortfall between statutory sick pay and your salary or income appointments (7% compared with 19%)
- overtime pay (12% compared with 32%)
- employer contributing to a workplace pension on their behalf (49% compared with 61%)

Differences can also be observed by household income, with participants with a household income of less than £25,999 reporting lower access to some benefits, including:

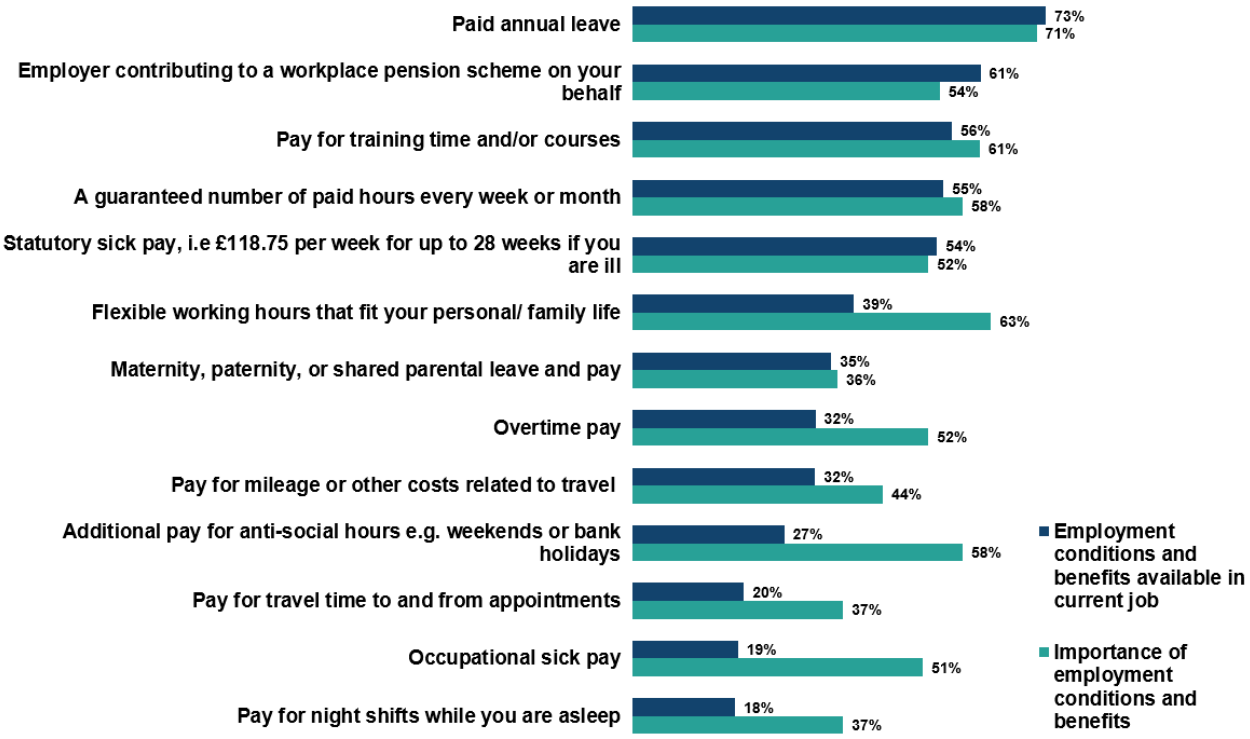
- employer pension contributions (53% compared with 61% on average)
- a guaranteed number of paid hours every week or month (48% compared with 55% on average)
- maternity, paternity, or shared parental leave and pay (26% compared with 35%)

Comparisons between availability and importance of benefits

Comparing the availability of the listed employment conditions and job-related benefits with their perceived importance shows gaps between what workers value and what they report having access to, once the 29% of participants who say that all employment conditions and job-related benefits listed are equally important to them are taken into account. The largest gaps between perceived importance and availability are in flexible working, overtime pay, pay for mileage and travel related costs, pay for travel time to and from appointments, occupational sick pay, additional pay for anti-social hours, and pay for night shifts while asleep. These findings remain unchanged when excluding the 107 participants who are self-employed and independent from the analysis.

Figure 8.3 shows the employment terms and conditions available compared with what is important to the ASC workforce.

Figure 8.3: employment terms and conditions available compared with what is important to the ASC workforce (employment conditions or job-related benefits reported as available compared with perceived importance, using questions QRC_RECVD_W2 and QTC_IMP_W2)



Base: all participants working in adult social care in England (n=3,008). Note that for this analysis 29% has been added to the % important of each employment condition or benefit to account for the 29% of participants who selected the answer code 'These are all equally important to me' at QTC_IMP_W2.

Profile of participants on zero-hour contracts

In the survey, a total of 103 participants said they are employed on a zero-hour contract. Certain groups of the workforce are particularly affected by zero-hour contracts:

- 91% of participants on zero-hour contracts were women (compared with 78% on average for the ASC workforce)
- 96% of participants on zero-hour contracts were working in a direct care role (compared with 75% on average for the ASC workforce)
- 66% of participants on zero-hour contracts were working in homecare (compared with 23% on average for the ASC workforce)
- 44% of them report an annual household income of up to £25,999, which is far more than the average for the ASC workforce (26%)

Longitudinal analysis on zero-hour contracts

Overall, 5% of the longitudinal participants are on a zero-hour contract at wave 2, compared with 7% of them at wave 1. The longitudinal analysis shows that longitudinal participants have moved in and out of zero-hour contracts between the 2 waves. A total of 38 longitudinal participants said at wave 1 that they were on a zero-hour contract. This is a small base size so findings on the number of hours they are contracted to work at wave 2 are provided in numbers rather than in percentages. The small base size means that findings should be interpreted with caution. Once weighted, the base size is 59 and the figures which follow are based on weighted numbers. At wave 2, 27 of these 59 longitudinal participants are still on a zero-hour contract, indicating that this employment situation can be long-lasting. Another 5 longitudinal participants who were on zero-hour contract at wave 1 say they are contracted to work 1 to 20 hours a week at wave 2, 7 are contracted to work 21 to 35 hours a week, and 15 are contracted to work 36 hours or more a week, for example they have moved to a full-time employment contract. Another 5 participants do not know how many hours they are contracted to work each week.

An additional 20 longitudinal participants were contracted to work part-time or full-time at wave 1 but are on a zero-hour contract at wave 2 (2% of those employed full-time or part-time at wave 1).

9. Conclusion and recommendations for future waves

This chapter outlines the strengths and limitations of the findings. It then identifies areas that would benefit from further analysis, and points to consider for future waves of the survey.

The strengths of the research

Building on wave 1, the findings provide a detailed picture of the ASC workforce in England in 2025, in terms of overall wellbeing, CWRQoL, experiences of harassment, abuse and bullying, learning and development, intention to leave, delegated activities, and employment terms and conditions. Over 3,000 members of the ASC workforce took part in the survey, showing once again the sector's willingness to be heard. The extensive and wide-ranging dissemination approaches used by Skills for Care means that the survey reached a diverse sample of the ASC workforce in England, with representation from all job roles, types of services and types of employers that the survey aimed to include.

The cross-sectional data were weighted using profiling information from ASC-WDS, which means that the cross-sectional results are representative of the ASC workforce in England. A sample of this size provides extensive opportunities for sub-group analysis.

The longitudinal findings also provide insight into participants' experience of working in the sector over time. Participants who agreed to recontact after wave 1 formed the longitudinal sample and were recontacted and invited to take part. Using some initial screening questions those who were no longer working in an adult social care role were identified and asked a few questions about their current working status. Qualitative research exploring reasons for leaving the ASC sector is being conducted with them. An outcome was obtained for 1,073 out of 3,096 longitudinal leads, which is very encouraging taking into account that the wave 2 survey took place nearly 2 years after wave 1. There were 926 longitudinal participants who took part and were still working in the sector. They were weighted to the profile of the sample at wave 1 weighted using ASC-WDS.

Wave 2 of the survey benefited from the active engagement of an expert reference group with representatives from across the sector, and collaborative working between Ipsos, Skills for Care, University of Kent, and King's College London. This engagement and collaborative working brought a range of expertise to the research, including academic knowledge of CWRQoL, sample design, question wording, and engagement with the sector.

Methodological limitations of the research

As well as strengths, the survey has some methodological limitations. As there is no comprehensive and robust sampling frame of the ASC workforce in England, the online survey was conducted using a combination of approaches:

- invitations were emailed to those who took part in wave 1 and gave permission for recontact at wave 2. In total, 926 valid responses were obtained through this (the longitudinal sample)

- an invitation to take part via an open link was widely and extensively disseminated to the workforce through varied and numerous channels, and 2,082 valid responses were received (the fresh sample)

The open link dissemination channels were adjusted as fieldwork progressed to help meet the quotas, and cross-sectional weights were applied to ensure the profile is aligned with the known profile of the ASC workforce taken from the ASC-WDS. However, this is less methodologically robust than surveys conducted with a random probability sample drawn from a comprehensive and up-to-date sampling frame.

The use of an open link online survey was carefully controlled and managed to ensure the responses were genuine. No incentives were provided, and this was to limit the risk of fraudulent responses. Our checks did not identify any suspicious responses.

The quotas set by job roles over-represented specific groups of the workforce, such as registered managers and regulated professionals. This was to ensure that the number of cases in these sub-groups would be large enough for robust analysis. Some quotas categories could not be achieved for example nurses and occupational therapists, ethnic minorities and people aged under 35, and compromise were made on some quota targets to reach the targeted sample size of 3,000.

A degree of survey fatigue across the sector was observed compared with wave 1 when over 7,000 responses were achieved. For future waves it will be important to consider how best to boost responses and sustain engagement, especially if the survey is expected to run more frequently. The length of time between each survey wave will also affect the longitudinal response.

Further analysis and research

The survey data for wave 2 can be broken down by a large number of sub-groups, as shown in the data tables. The analysis in this report primarily focuses on differences between wave 1 and wave 2 (cross-sectional and longitudinal), job roles, type of employer, household income, ethnicity, citizenship or Health and Care Worker visa, disability and unpaid carer status, as these showed a consistent and coherent pattern throughout the data. For some questions, differences are also reported by age groups, length of time in the role, type of service, and number of contracted hours.

Additional analysis could be conducted on some demographics such as gender or sex at birth, sexual orientation, marital status, the presence of children under 18 in the household, profile of service users, and highest level of education. While this may not show a consistent pattern throughout, this could provide additional insight into some of the findings for example, on experience of harassment and views on financial security.

Associations between participant characteristics also mean that it can be challenging to fully understand the underlying reasons for differences between sub-groups when using cross-sectional analysis. For example, differences by household income may be related to job role or the age of participants. Differences between the overall cross-sectional sample and the longitudinal sample may be related to factors associated with lower CWRQoL, such as length of time in the role, ethnicity, and disability status. Multivariate analysis, which was beyond the scope of the first 2 waves, is needed to unpick the complexity of the reported associations.

Future work to preference weight the ASCOT-Workforce measure is being explored (subject to funding), to help understand the respective value of the ASCOT-Workforce domains. This could be useful in helping the sector focus on targeted (and cost-effective) interventions when low CWRQoL is reported by their staff.

Given the sensitivity of the ASCOT-Workforce measure to job retention, future research could be conducted to explore whether interventions that target the aspects of job quality most highly rated by participants improve both CWRQoL and retention, and whether this varies by job role, given the breadth and heterogeneity of the sector.

Next steps

The report makes cross-sectional comparisons between wave 1 and wave 2 findings. The weighted profile for each wave is broadly aligned, with the exception of the ethnicity profile, and this is related to changes in the population profile in the ASC-WDS between 2023 and 2025. It means the changes and improvement reported between the 2 waves can be attributed to changes in the workforce's views and experiences, rather than changes in the sample composition. Still, it is important to remember that wave 1 was conducted in the aftermath of the COVID-19 pandemic, which had a huge impact on the wellbeing and WRQoL of the ASC workforce. The improvements between waves 1 and 2 noted in the report indicate that the sector is recovering from the pandemic, but comparisons with other sources of data such as the NHS staff survey show that working conditions in ASC remain challenging.

The longitudinal findings provide some insight into participants' experience of working in the sector over time, showing how their situation and views have changed since the first wave was conducted in 2023. On many topics covered by the survey, the views and experiences reported by the longitudinal sample have been stable or have marginally improved between waves 1 and 2. Cross-sectional analysis shows that experiences of working in the sector tend to get worse with age and length of time in the role, and as the longitudinal sample is 2-years older and 2 years longer in the sector we would expect their experiences to be worse in 2025 than in 2023. It is therefore encouraging that the trends for the longitudinal sample have remained stable or improved.

Wave 2 findings show that experiences of physical violence, harassment and bullying are prevalent in the sector, with some job roles and service types particularly affected by these. These experiences are associated with lower CWRQoL overall. The main source is people cared for and supported, but 1 in 15 members of the workforce also report at least one experience of physical violence from managers and team leaders (6%) or colleagues (7%) over the last 12 months. Longitudinal analysis shows that these experiences tend to be persistent over time, and that people who experienced violence, harassment and bullying at wave 1 are more likely to have left their employer or organisation, or left the

sector entirely, at wave 2. To improve CWRQoL, retention and make working in the sector more attractive, this has to be addressed.

Findings on employment conditions and job-related benefits show that for some of these, there is a gap between what the workforce receives and what is most important to them. The areas with the biggest gap between availability and importance relate to pay for overtime, travel time, travel costs, anti-social hours, night shifts while asleep, occupational sickness and flexible working. These issues could be considered at as part of the discussions on the fair pay agreement, which could also include looking at pay for delegated activities.

Beyond DHSC, the findings are relevant to a wide range of organisations including, but not limited to, local authorities, care providers and their umbrella organisations, individual employers, members of the workforce including those in managerial and supervisory roles, organisations representing or supporting the workforce, and organisations representing different groups in the sector.

Indeed, while some levers for change rest with central government, there are steps that could be taken by employers to improve the CWRQoL of the ASC workforce, for example:

- providing comprehensive training on safety to staff, so people feel equipped to deal with challenging behaviour when they experience physical violence or harassment at work
- ensuring that the leadership of ASC organisations stands up against physical violence, bullying and harassment in the workplace, whatever the source, supports a culture in which the workforce feel confident in reporting concerns, addresses these issues when they are reported and supports staff who experience violence in the workplace
- ensuring that when delegated activities are undertaken, people are trained or shown how to conduct them by the person in charge of the delegation, and that they feel comfortable and confident in doing them
- proactively supporting members of the workforce who are known to have a disability or unpaid caring responsibilities
- signposting sources of support to improve overall wellbeing
- ensuring members of the workforce have a meaningful appraisal or review once a year, with clear objectives that motivate them
- helping members of the workforce make the most of opportunities currently available for learning and development, including on delegated activities, during paid hours

Considerations for future waves of the survey

If additional waves of this survey are commissioned, the following points should be considered:

- boosting participation from specific groups of the workforce: as noted earlier, there were challenges engaging the sector and reaching some of the quota targets. For future waves, different or additional ways of reaching out to the sector need to be considered, as well as targeted options to strengthen engagement with the groups less represented in wave 2. Findings on zero-hour contracts provide useful insights, and if these are of policy interest then ways of boosting engagement from people on a zero-hour contract would need to be considered to allow more in-depth analysis

- longitudinal sample: 1,639 wave 2 participants gave permission for recontact for further research conducted on behalf of DHSC over the next 2 years, and provided an email address. 860 of them are from the fresh wave 2 sample and 778 took part in both waves. They will form the longitudinal sample for any future wave. Where possible, the timings of future waves should ideally be aligned with the fieldwork period for waves 1 and 2 (August to October), as overall wellbeing is affected by seasons

- data linking with ASC-WDS: the strong association between the ASCOT-Workforce score and retention supports the sensitivity of the ASCOT-Workforce measure to job quality. In addition, participants scoring 0 to 19 on the ASCOT-Workforce scale have characteristics and experiences that may be indicative of services with wider quality issues (for example, undertaking additional activities such as delegated healthcare, without sufficient training and support). As such, there could be value in linking survey responses to some organisational characteristics and outcomes. Data linking with ASC-WDS was attempted at wave 1 but the number of participants who gave permission for this and could be successfully matched was low (1,089 out of 7,233 participants, including 219 who were matched manually using incomplete information), and no useful findings emerged from it. Future waves could revisit the approach to data linking used at wave 1 and explore the feasibility of obtaining a higher rate of consent for linking survey data with organisational characteristics in ASC-WDS, as well as obtaining more accurate and complete data on workplace name, address and CQC registration number (if applicable) to allow the linking

- changes to the questionnaire: future waves could include questions around workplace support for members of the workforce who have disabilities and/or unpaid caring roles, and whether training is undertaken during paid hours